

F40039

(Requestor's Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOISES BICHACHI, P.A.
(Name of Corporation)

DOCUMENT NUMBER: F40039

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOISES BICHACHI
(Name of Person)

(Name of Firm/Company)

5333 COLLINS AVE #104
(Address)

MIAMI BEACH, FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

MOISES BICHACHI at (305) 785-7717
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MOISES BICHACHI, hereby resign as PRESIDENT & REGISTER AGENT
(Title)

of MOISES BICHACHI, P.A.
(Name of Corporation)

F40039, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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