## F69591

t.

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	:#)
PICK-UP		
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



12/16/14--01004--024 \*\*35.00

SLORETARY OF STATE STATION OF CORPORATIONS 1

C.L. 19-14 12-19-14

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: <u>Caloant</u> FASS P.F.I. (Name of Corporation) 6959 Y **DOCUMENT NUMBER:** 

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

Please return all correspondence concerning this matter to the following:

HOWARD TALENA (Name of Person)

(Name of Firm/Company)

1776 N. Pine Island Rd, Ste 222. (Address) Plantation, FL 33322 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (<u>954</u>, <u>683-6084</u> (Area Code & Daytime Telephone Number)

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

<u>Mailing Address:</u> 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 / DIREC FOR A CO	TOR RESIGNA' RPORATION	TION	SECRETAF DIVISION OF 14 DEC 1	TY OF STATE CORPORATIONS
1, <u>Howars</u> TA	ENFELD	_, hereby resign as	Vice A	(Title)	Decor
of Caradonty 7.	(Name of Corporati	on)			,
F 69 59 (Document Number, i	, a corpo	ration organized unde	er the laws	of the State	of
- FLorida	~				

•

m Let (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