## G95034

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
(01), 0110, 2, p. 1, p. 10, 11, 11
PICK-UP WAIT MAIL
(Duning and English Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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2000 JUL 24 AMII: 3

officer Resignation

TB 1/19/18

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: R. E. N. O. THC (Name of Corporation)
DOCUMENT NUMBER: 95034
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marisch Padron  (Name of Person)
(Name of Person)
R.E.N.O. ac.
(Name of Firm/Company)
7274 S.W. 48 St.
(Address)
Mami Fla 33/55.
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 665-0333 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

		TOR RESIGN RPORATION	IATION M	ZOOR JUL 24 ECRETARY OF AHASSEE. FI	AMII:35
I, ANTONIO SIE	ERRA	_, hereby resign as		THE 7D (Title)	PRIOR >RY
of REINO	Jame of Corporati	on)		<del></del>	,
(Document Number, if known)	, a corpo	ration organized u	nder the laws	of the State of	of
FLUZDA:	·				

(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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