H75460

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

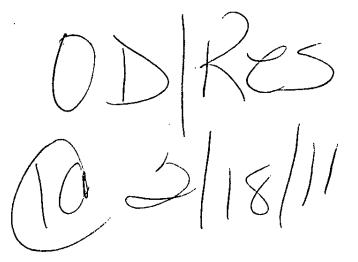
Office Use Only



200194385532

02/17/11--01047--010 **35.00

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
11 FEB 17 AM 10: 28



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Hialeah Halian Tile #2, Inc. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: H 75466
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Miauel A. Sempere (Name of Person)
Hialeah Italian Tile #2 (Name of Firm/Company)
(Name of Firm/Company)
3105 NW 79 Ave
Miami FL 33122 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Higuel A. Sempere at (305) 888 4002 (Name of Person) (Area Code & Daytime Telephone Number)
(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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Vaime Sempere, hereby resign as VD (Title)
of Hialeah Halian Tile #2, Inc. (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
Florida
(Signature of resigning officer/director) TEB TEB TEB TEB TEB TEB TEB TE
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