

H87887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

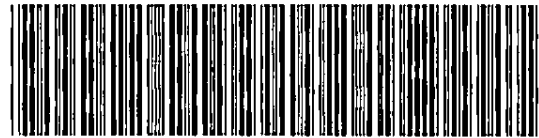
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200306186132

12/05/17--01021--024 **35.00

DEC 06 2017

S. YOUNG

12/05/17
17 DEC -5 PM 4:40
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mimar Inc.
(Name of Corporation)

DOCUMENT NUMBER: H87887

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

Please return all correspondence concerning this matter to the following:

Jenny Skordilis
(Name of Person)

Mimar Inc.
(Name of Firm/Company)

P.O. Box 547152
(Address)

Surfside, FL 33154
(City/State and Zip Code)

For further information concerning this matter, please call:

Emmy Skordilis at (305) 989-5952
(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, JENNY SKORDILIS, hereby resign as PTD
(Title)

of Mimar Inc.
(Name of Corporation)

H87887, 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

DEC -5 PM 4:40
TALLAHASSEE, FLORIDA