## 371817

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u>a)</u>
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	·
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Office Use Only



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SECSETARY OF STATE
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ONVERATIONS

DD/Res 00/11/14/08

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:_MATIZ CORP.	
	(Name of Corporation)
DOCUMENT NUMBER:_	J71817
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponder	nce concerning this matter to the following:
Alvaro Castillo B., P.A.	
(Name o	of Person)
Castillo & Associates	
(Name of Fi	rm/Company)
1390 Brickell Avenue, Sui	te 200
(Ad	dress)
Miami, Florida 33131	
(City/State a	and Zip Code)
For further information conce	rning this matter, please call:
Alvaro Castillo	at ( 305 ) 371-5540 (Area Code & Daytime Telephone Number)
(Name of Perso	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00	made payable to the Florida Department of State.
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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Alvaro Matiz	, hereby resign asDirector/Secretary
	(Title)
of MATIZ CORP.	
	(Name of Corporation)
J71817 (Document Number, if known)	, a corporation organized under the laws of the State of
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