

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
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(Do	ocument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Carlos Flooring Corp.  (Name of Corporation)
DOCU	JMENT NUMBER: K78732
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Car	los Demestre
	(Name of Person)
Car	los Flooring Corp.
	(Name of Firm/Company)
154	20 SW 115 Terrace
	(Address)
Mia	mi, FL 33196
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Car	(Name of Person) at (305) 720-7101 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Division P.O. Be	g Address: Iment Section On of Corporations Ox 6327 See, FL 32314  Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Teresita Demestre	, hereby resign as
	(Title)
Carlos Flooring Corp.	,
(Name of Corp	oration)
(Document Number, if known), a co	orporation organized under the laws of the State of
Florida	
(Signatur	e of resigning officer/director)
	17 OCT

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: