

NC3000002673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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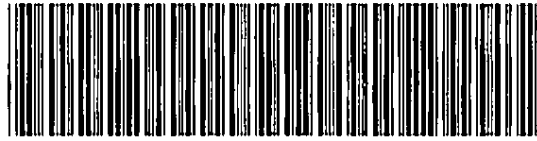
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUCEDE, INC.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: N03000002673

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

Please return all correspondence concerning this matter to the following:

CAROLINA LLOSA

(Name of Person)

SUCEDE, INC.

(Name of Firm/Company)

290 CRANWOOD DRIVE

(Address)

KEY, BISCAYNE, FL, 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINA LLOSA

305

692-0141

(Name of Person) at (_____)
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

ALFREDO LLOSA DIRECTOR
I, _____, hereby resign as _____
(Title)

SUCEDE, INC.
of _____
(Name of Corporation)

N03000002673

_____, 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