

N05 0000 11586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

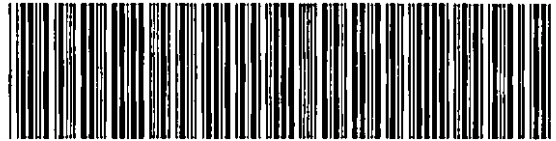
(Business Entity Name)

(Document Number)

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05/24/22--01013--006 **35.00

2022 MAY 24 PM 3:36

af 7/28/2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Raices de Esperanza Inc
(Name of Corporation)

DOCUMENT NUMBER: N05000011586

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

Please return all correspondence concerning this matter to the following:

Raul Maas
(Name of Person)

Raices de Esperanza Inc
(Name of Firm/Company)

1921 SW 59th Ave
(Address)

Miami, FL 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Maas at (305) 790-1124
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Raul Moas, hereby resign as Trustee
(Title)

of Raices de Esperanza Inc.
(Name of Corporation)

NO5000011586, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

2022 MAY 24 PM 3:36

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