

No 4000 3561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

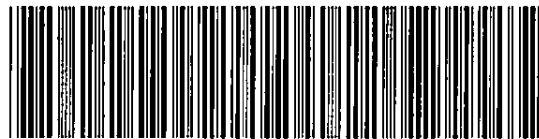
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



300427993503

07/09/24--01005--031 **192.50

~~00203704800*0652400155~~

STATE
LAHASSSEE, FL

Page 2:58

5. ALF

07/08/24

I, Albert Berriz, hereby resign as President
(Title)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
N07000003361

(Signature of resigning officer/director)

2001-09 PM 2:58
OFFICE OF STATE
ATTORNEY, FL

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