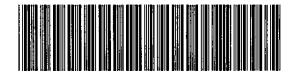
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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pallul ASSOC Suncise School of Himme (Name of Corporation)
DOCUMENT NUMBER: PO 900000 230
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Micole Tryillo
(Name of Person) (Name of Person) (Name of Firm/Company)
7301 SW 57 CT # 515
South Mighi R 33143 (City/State and Zib Code)
For further information concerning this matter, please call:
Mitole Trujillo at (365) 323-4467. (Name of Person) (Area Code & Daytime Telephone Number)
(rame or Grade) . (rade code de Daytino reseptione runtoer)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

f ,

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Micole	Tryillo.	hereby resign as TR	easurer
_	ASSOCIATION	n-Sunrise	School of Mice
V <u>O 900000</u> (Document Number, if	(Name of Corporation 230, a corporation known)	ion organized under the la	ws of the State of
MOMBA	·		
	du A	signing officer/director)	FILE

FILING FEE IS \$35.00

F

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

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