

NO 9100003578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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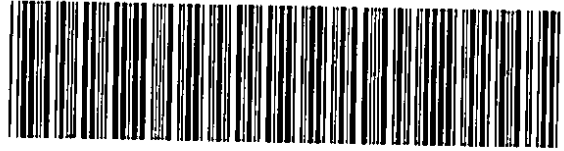
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

R WHITE  
DEC 17 2018

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **VILLA LYAN INC**  
(Name of Corporation)

DOCUMENT NUMBER: **N09000003678**

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

Please return all correspondence concerning this matter to the following:

**MARIA R. ORFILA**

(Name of Person)

**VILLA LYAN INC**

(Name of Firm/Company)

**14520 SW 8th STREET**

(Address)

**MIAMI, FL. 33184**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MARIA R. ORFILA**

(Name of Person)

at ( **786** ) **786-1843**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

2018 DEC 10 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FL

I, MARIA R. ORFILA, hereby resign as PD  
(Title)

of VILLA LYAN INC  
(Name of Corporation)

N09000003678, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Maria R. Orfila  
(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