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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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09/08/23--01030--004 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Beit Bamba	Name of Corporation)
DOCUMENT NUMBER NO 90000 11	476
The enclosed Officer/Director Resignation fo	r a Corporation and fee are submitted for filing
Please return all correspondence concerning t	his matter to the following:
Samuel Papu (Name of Person)	
Beit Ramban T (Name of Firm/Company)	NC.
251 191 Terrace (Address)	
SUNNY ISLES FC (City/State and Zip Code)	33160
For further information concerning this matte	r, please call:
SAMUEL PAPU A (Name of Person)	at (786) 234-2444 (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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
1.0.0000027	The Conne of Fundingsocc

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Samuel Papu , hereby resign as PT (Title)
of Bart Bamban The (Name of Corporation)
Document Number, if known). a corporation organized under the laws of the State of
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