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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
☐ PICK-U	P WAIT	MAIL
	(Business Entity Name)	<u> </u>
	(business Entity Name)	
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Certified Copies	Certificates of Status	
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Special Instructions	s to Filing Officer:	1
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Aspira Prop	(Name of Corporation)
DOCUMENT NUMBER: 4	5-3647048
The enclosed Officer/Director Resigna	l tion for a Corporation and fee are submitted for filing
Please return all correspondence conce	ming this matter to the following:
EDWARD HERVAS (Name of Person)	1 1 1
(Name of Firm/Comp	any)
1333 Chisas Ave	
(City/State and Zip Ci	3313 \(\)
For further information concerning this	matter, please call:
ENCORD HERMINZ (Name of Person)	at (7 & C) 3 0 3 0 & 2.4 5 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	yable to the Florida Department of State.
Division of Corporations P.O. Box 6327 2	treet Address: mendment Section Division of Corporations 661 Executive Center Circle allahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Edward Hern	ander, hereby resign as Title Divector
of Aspira France	ine of Corporation)
`\	, a corporation organized under the laws of the State of
Florida	
Duine	(Signature of resigning officer/director)
	FILING FEE IS \$35.00
Make checks payat	le to Florida Department of State and mail to:

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