

N12000009640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

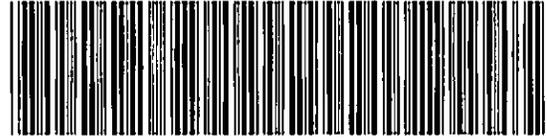
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOGAR RESA, INC

(Name of Corporation)

DOCUMENT NUMBER: N12000009640

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

Please return all correspondence concerning this matter to the following:

ANGELO ALBINO

(Name of Person)

HOGAR RESA, INC

(Name of Firm/Company)

224 LAKE VILLA WAY

(Address)

HAINES CITY, FL 33844

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELO ALBINO at (321) 746-1038

(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANGELO ALBINO, hereby resign as TREASURER
(Title)

of HOGAR RESA. INC
(Name of Corporation)

N1200009640, a corporation organized under the laws of the State of
(Document Number, if known)

HOGAR RESA. INC

Angelo Albino
(Signature of resigning officer/director)

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FILED

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