

N 140000006729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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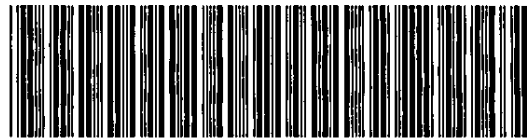
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O/DPRS

SEP. -8 2014

R. WHITE

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Raul M Uribe, hereby resign as Director
(Title)

of My Access Center Inc,
(Name of Corporation)

N14000006729, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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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

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Access Center Inc
(Name of Corporation)

DOCUMENT NUMBER: N14000006729

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

Please return all correspondence concerning this matter to the following:

Beatriz C Leon
(Name of Person)

(Name of Firm/Company)

2467 Runyon Cir
(Address)

Orlando FL 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose A Uribe Porras at 407 595 9159
(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
2661 Executive Center Circle
Tallahassee, FL 32301