

N15000002791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

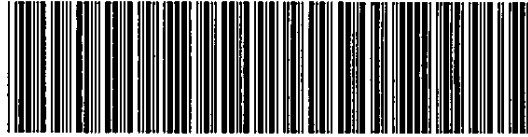
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

CL
4-2-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FUNDACION AGUIRIANO PARA NINOS DESAMPARADOS, INC.
(Name of Corporation)

DOCUMENT NUMBER: N15000002791

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

Please return all correspondence concerning this matter to the following:

NOEMI AGUIRIANO

(Name of Person)

FUNDACION AGUIRIANO PARA NINOS DESAMPARADOS, INC.

(Name of Firm/Company)

1540 NE 173RD STREET

(Address)

NORTH MIAMI BEACH FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

NOEMI AGUIRIANO at **(305) 785-8828**
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

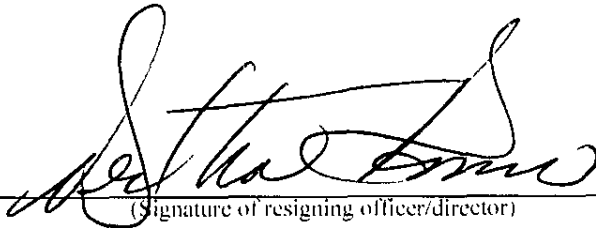
15 MAR 27 PM 12:39

I, BERTHA ROSARIO, hereby resign as DIRECTOR
(Title)

of FUNDACION AGUIRIANO PARA NINOS DESAMPARADOS, INC.
(Name of Corporation)

N15000002791, a corporation organized under the laws of the State of
(Document Number, if known)

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