

N15000005011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

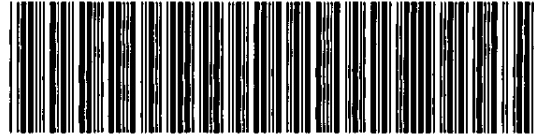
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

15 OCT 19 AM 9:45
P.D. ED

TO: Amendment Section
Division of Corporations

SUBJECT: JUAN SOBRIANO PERFORMING ARTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: N 1500000 5011.

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO DOMINGO
(Name of Person)

JUAN SOBRIANO PERFORMING ARTS INC.
(Name of Firm/Company)

1054 NE. 210TH TER.
(Address)

NORTH MIAMI BEACH, FL. 33179.
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO DOMINGO at (776) 4431241
(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

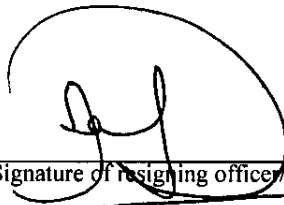
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALEJANDRO DOMINGO, hereby resign as TRASURAS
(Title)

of JUAN SOBRINO PERFORMING ARTS INC.
(Name of Corporation)

N15000005011, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.



(Signature of resigning officer/director)

15 OCT 19 AM 9:45
PPH. BUD

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