

N16 000000 2942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

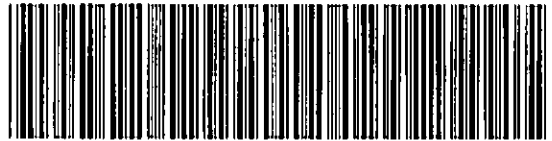
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

HOSPITALITA HEALTHCARE FOUNDATION, INC.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: N16000002942 _____

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

Please return all correspondence concerning this matter to the following:

FEDERICO GIL PEREZ

(Name of Person)

(Name of Firm/Company)

111 CRANDON BLVD, AP B-802

(Address)

KEY BISCAYNE FLORIDA 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

FEDERICO GIL PEREZ

305

8981183

(Name of Person) at (_____) _____
(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

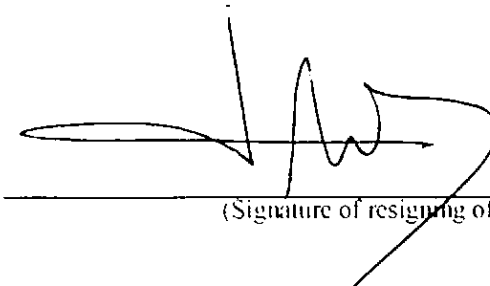
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FEDERICO GIL PEREZ DIRECTOR
I, _____, hereby resign as _____
(Title)

HOSPITALTA HEALTHCARE FOUNDATION, INC.,
of _____
(Name of Corporation)

N16000002942

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



(Signature of resigning officer/director)
6/30/2020

2020 JUN 21 AM 10:28

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