### 100

# N17000005043

(Requestor's Name)				
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(Ci	ty/State/Zip/Phon	e #)		
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#### TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Youre He Bost NC (Name of Corporation)  DOCUMENT NUMBER: N 17000005043
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Firm/Company)  (Name of Firm/Company)
11352 SW 22 7 terr. (Address)
Miani, Fla. 33170 (City/State and Zip Code)
For further information concerning this matter, please call:
Travis Lowez  (Name of Person)  at (305) 305 4776  (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

1. Dennis Forguson	, hereby resign as	Director	<u>~</u>		
•		(Title)			
of Youre He [ (Name of Co	Sest INC  proporation)			_,	
N17000005043	corporation organized unc	der the laws of the St	ate of		
Florida					
Jeani Fe	erzy sov ture of resigning officer/direct	or)			
		SEGRETARY OF TALLAHASSEI	2024 NOV 18 F	-n	
FILI	NG FEE IS \$35.00	OF STAT SEE, FL	C ET		
Make checks payable to Florida Department of State and mail to:					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314