N170000 11619

(Requestor's Name)		
(Address)		
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TRANSMITTAL LETTER

SUBJECT:

(Name of Corporation)

DOCUMENT NUMBER:

N17000011619

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

Please return all correspondence concerning this matter to the following:

John Cesar

(Name of Person)

SoRe Labs Inc

(Name of Firm/Company)

2603 Creekside Drive

(Address)

Fort Pierce, FI 34981

(City/State and Zip Code)

For further information concerning this matter, please call:

John Cesar

(Name of Person)

at (772 626-5831)

(Name of Person)

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

John Cesar	Secretary , hereby resign as	
1,	thereby resign as	(Title)
SoRe Labs Inc		
(1	Name of Corporation)	
N17000011619 (Document Number, if known)	a corporation organized under the	laws of the State of
Florida	.	
- A	(Signature of resigning officer/director)	2020 JPN 13 PH 12

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