

N18 0000 12918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

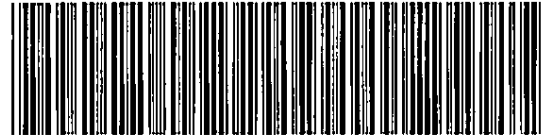
(Business Entity Name)

(Document Number)

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2020 JUL -1 PM 5:31

8/11/2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: I would like to be removed from Association Des Mapois A L'Etranger as President

(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Desir Desjardins

(Name of Person)

~~Desjardins~~
Association Des Mapois A L'Etranger

(Name of Firm/Company)

1045 Grove Park Circle

(Address)

Boynton Beach/Florida/33436

(City/State and Zip Code)

For further information concerning this matter, please call:

Desir Desjardins at (561) 541-8695

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Desir Desjardins, hereby resign as President Remove
(Title)

of Association Des Mapois A'L'Etranger Corp
(Name of Corporation)

N18000012918, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Desir Desjardins
(Signature of resigning officer/director)

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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