	l	
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	l	
PICK-UP WAIT MAIL		
(Business Entity Name)	Ī	
(Output Attended)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



600338295026

01/02/20--01012--013 \*+35.00

SLOBERANCE OF TABLE

JAN 21 2070

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AMOR N, IN	C.  ome of Corporation)
DOCUMENT NUMBER: N 190000	
The enclosed Officer/Director Resignation for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jose M. Marty (Name of Person)	<u> </u>
AMOR TV, Inc. (Name of Firm/Company)	
1000 SiV 125 Ave, #41	0
lenbake lines, FL 33 (City/State and Zip Code)	027
For further information concerning this matter.	
Name of Person)	(786) 302-6271 (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. MANUEL D. LAK	A hereby resign as VP
of AMOR TV T	WC.
110,000,000 7 2 . 3	corporation organized under the laws of the State of
FLORIDA (MM)	20. SEUI FAIL
	S[CHU AN -2 AH II: 47
FILE	NG 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