

N190000007967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

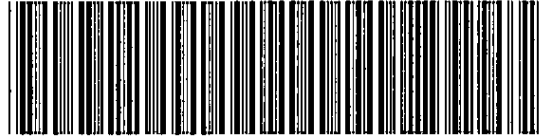
(Business Entity Name)

(Document Number)

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10:47:23

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Topotepuy Corp.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: N19000007967

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

Please return all correspondence concerning this matter to the following:

Peggy J Garcia

(Name of Person)

Peggy J Garcia P.A.

(Name of Firm/Company)

240 Crandon Blvd., Suite 263

(Address)

Key Biscayne, Florida 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

PEGGY GARCIA 305 975-8011

(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**

PEGGY GARCIA

Director

I, _____, hereby resign as _____
(Title)

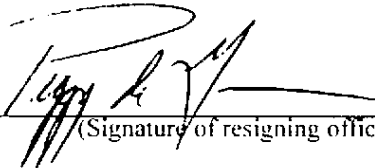
Topotepuy Corp.

of _____
(Name of Corporation)

N19000007967

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

2022 JUN 15 PM 7:07



(Signature of resigning officer/director)

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