

N20 000007911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

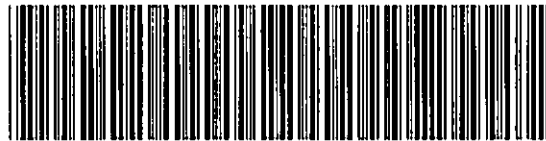
(Business Entity Name)

(Document Number)

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2021 MAY 10 AM 10:16  
SECRETARY OF STATE  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOVIMIENTO 19 DE ABRIL EN MIAMI CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N20000007911  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

LUCIA FLORES

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

902 NW 26 AVE

\_\_\_\_\_  
(Address)

MIAMI, FL 33125

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LUCIA FLORES

786

218-9193

\_\_\_\_\_  
(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**

I, LUCIA FLORES, hereby resign as TREASURER  
(Title)

of MOVIMIENTO 19 DE ABRIL EN MIAMI CORP  
(Name of Corporation)

N20000007911 a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Lucia Flores.  
(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

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TALLAHASSEE, FL