## N21000011034

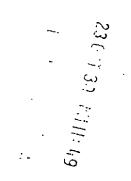
| (Requestor's Name)                      |  |
|---|--|
|   |  |
| (Address)                               |  |
| (Address)                               |  |
| (Addless)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| ,                                       |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
| J. HORNE                                |  |
| NOV - 9 2023                            |  |
|   |  |
|   |  |
|   |  |

Office Use Only



600418155276

10/30/23--01023--012 \*\*55.00



## TRANSMITTAL LETTER

| Division of Corporations                   |  |
|--|--|
| IRISE MB&S CORP. SUBJECT:                  |  |
|  | (Name of Corporation)                                |
| DOCUMENT NUMBER: N21000011034              |  |
| The enclosed Officer/Director Resignation  | a for a Corporation and fee are submitted for filing |
| Please return all correspondence concernir | ng this matter to the following:                     |
| PARNELL, DELIA A                           |  |
| (Name of Person)                           |  |
| IRISE MB&S CORP.                           |  |
| (Name of Firm/Company)                     |  |
| 2221 SOUTH 25TH ST                         |  |
| (Address)                                  | <del></del>  |
| FORT PIERCE, FL 34982                      |  |
| (City/State and Zip Code)                  | <del></del>  |
| For further information concerning this ma | ntter, please call:                                  |
| Natacha Francis                            | at ()  Area Code & Daytime Telephone Number)         |
| (Name of Person)                           | (Area Code & Daytime Telephone Number)               |
| Enclosed is a check for \$35.00 made payal | ble to the Florida Department of State.              |
| Mailing Address:                           | Street Address:                                      |
| Amendment Section                          | Amendment Section                                    |
| Division of Corporations                   | Division of Corporations                             |
| P.O. Box 6327                              | The Centre of Tallahassee                            |
| Tallahassee, FL 32314                      | 2415 N. Monroe Street, Suite 810                     |

Tallahassee, FL 32303

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Natacha Francis             | , hereby resign as                                     |
|-----------------------------|--|
| I                           | , hereby resign as(Title)                              |
| IRISE MB&S CORP.<br>of      |  |
| (Na                         | ime of Corporation)                                    |
| N21000011034                | a corporation organized under the laws of the State of |
| (Document Number, if known) |  |
| Florida                     |  |
|                             | ·  |
|                             |  |

(Signature of resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

...menument Section Division of Corporations P.O. Box 6327

"illahassee, Florida 32314