(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Document Number)		
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TRANSMITTAL LETTER

Division of Corporations SUBJECT:___ (Name of Corporation) DOCUMENT NUMBER: N22000009981 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NA (Name of Person) REGISTERED AGENTS INC (Name of Firm/Company) 7901 4TH ST N STE 300 (Address) ST. PETERSBURG, FL 33702 (City/State and Zip Code) For further information concerning this matter, please call: Gabriela Orozco (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Julia Figler I	Secretary and Director , hereby resign as
	(Title)
The Umbrella Brigade of	
	(Name of Corporation)
N22000009981 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

e of resigning officer/director)

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

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314