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(Red	questor's Name)	
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(Doc	tument Number)	<u> </u>
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TRANSMITTAL LETTER

SUBJECT: FMB Malement Constation (Name of Corporation)	_		
DOCUMENT NUMBER: 12200013604	_		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for f	īling.		
Please return all correspondence concerning this matter to the following:			
Mirlene IZTO (Name of Person)	200	202	
FMB METOCK Company) (Name of Firm/Company)	一名田がか	2023 AUG – I	FE
2121 Coller Pre. Unit. 311 (Address)		PH 12: 37	.ED
TCYL Myors, FL. 3390/ (City/State and Zip Code)		37	
For further information concerning this matter, please call:			
Darlore 1770 at (351) 277-247-5 (Name of Person) (Area Code & Davime Telephone Numb) er)		

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

Amendment Section Division of Corporations

TO:

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

1. Davlene	. Icro	, hereby resign as_	71-03	<u>Uror</u>
of FMB p	nowner of Corpo	oration) Para	tion	(Title)
(Document Number	13004 . a co	rporation organized unc	der the laws of	f the State of
Floricla				
		,		20
	Darlace (Signature	e of resigning officer/direct	or)	F1L 2023 AUG - 1
				ED 3

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