

N 48327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

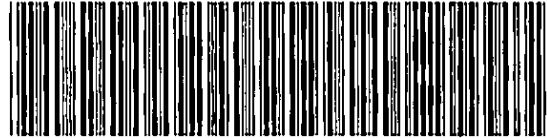
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 OCT-27 AM 11:25

Old Resignation

OCT 30 2017

D. CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DE HOSTOS SENIOR CENTER INC.
(Name of Corporation)

DOCUMENT NUMBER: N48327

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

Please return all correspondence concerning this matter to the following:

LUIS ROBERTO CANALES QUINTANA
(Name of Person)

(Name of Firm/Company)
263 NW 34th Street
(Address)

Miami, FL 33127
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS ROBERTO CANALES QUINTANA at (786) 308-8335
(Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

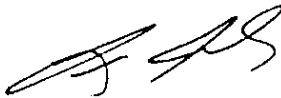
I, LUIS ROBERTO CANALES QUINTANA, hereby resign as PRESIDENT/CHAIRMAN
(Title)

of DE HOSTOS SENIOR CENTER INC.
(Name of Corporation)

N48327, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

The date of adoption is: October 19, 2017



(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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DIVISION OF CORPORATIONS
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