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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dubliness Ellas, Harrie)
(Document Number)
Certified Copies Certificates of Status
'
Special Instructions to Filing Officer:





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10/16/08--01006--014 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

officer Resignation
TB 10/22/14

COVER LETTER

Division of Corporations
SUBJECT: CB/C Comp. (Name of Corporation)
DOCUMENT NUMBER: P00 0000 195 46
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose F. UZ (Name of Person)
(Nante of Firm/Company)
5931 NW 173 DR, #11
Miawi Fl 33015 (City/State and Zip Code)
For further information concerning this matter, please call:
Tose' F. Uz at (305) 889-1100 (Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. JOSE F. UZ	hereby resign as President/Secretary/Direc
of CB1C CORP. (Name of Corpora	ntion)
f 00000 19546 a corp (Document Number, if known)	oration organized under the laws of the State of
Florida	ZIOR OCT SECRE TALLAH
	ASSER L
(Stenarire o	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