

P00000082142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

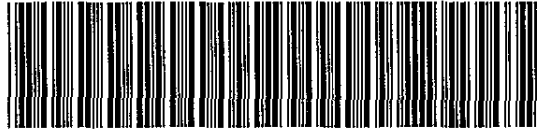
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*g. off*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEXICOM DEBIT COMMUNICATION CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000082142

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

Please return all correspondence concerning this matter to the following:

JULIO MOLINA

(Name of Person)

**JULIO MOLINA, P.A.**

(Name of Firm/Company)

2002 CURRY FORD RD

(Address)

ORLANDO, FL 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at ( )  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

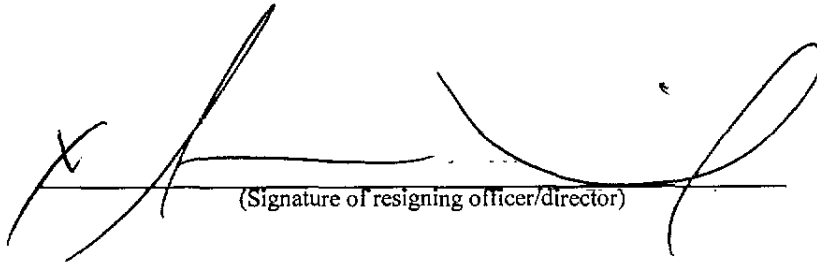
**FILED**  
**05 JUN 23 AM 8:20**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

I, SORAYA LEMOINE, hereby resign as VICE-PRESIDENT  
(Title)

of LEXICOM DEBIT COMMUNICATION CORPORATION  
(Name of Corporation)

P00000082142, 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:**

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