

900000098045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

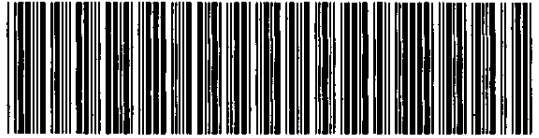
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900136119279

09/22/08--01029--011 **157.50

FILED

08 SEP 22 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/10
10/30/01

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Flower Paradise Corp.
(Name of Corporation)

DOCUMENT NUMBER: P00000098045

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

Please return all correspondence concerning this matter to the following:

Raul Cervera
(Name of Person)

Flower Paradise Corp.
(Name of Firm/Company)

2200 NE 123 St
(Address)

North Miami FL 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Cervera at (305) 796-2277
(Name of Person) (Area Code & Daytime Telephone Number)

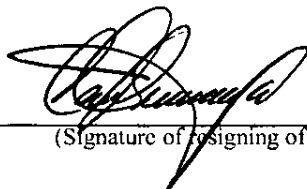
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Raul Goman, hereby resign as President, Vice President
(Title) Secretary, Treasurer.
of Flower Paradise Corp
(Name of Corporation)
P00000098045, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILED
08 SEP 22 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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