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| (Re | equestor's Name) | | | | |
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| (Cit | y/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Elsa Cleaning Sources (Name of Comparation) |
| DOCUMENT NUMBER: POLOGO 37855 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Mariela Suarez (Name of Person) |
| Elsa cleanne Sources (Name of Firm/Company) |
| 182-95th Avenue N |
| Naples FL 34108 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Mane of Person) at (239) 919 - 909 (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

| of Elsa Cleaning Several Troc. (Name of Corporation) PO10000 30 353 a corporation organized under the laws of the State of (Document Number, if known) Florida (Signature of resigning officer/director) | i, Ricardo | Acosta. | hereby resign as | VD | |
|--|-------------------|----------------------|---------------------------|---------------------------------------|-----------------|
| (Name of Corporation) PO10000 30353 a corporation organized under the laws of the State of (Document Number, if known) Florida | | | | _ | ile) |
| (Document Number, if known) Florida | P010000 | (Name of Corporation | | r the laws of the | State of |
| (\$ignature of resigning officer/director) | (Document Number, | if known) | • | | |
| SSEE FLORE STATE OF S | | (\$ignature of res | signing officer/director) | A A A A A A A A A A A A A A A A A A A | SEVARIASSEE, FL |

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