

P01000047055

(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



800067126428

03/03/06 01029-010 \$425.00

FILED
2006 MAR -8 PM 1:45
TALLAHASSEE, FLORIDA

Off. Resign.

C. Coulllette MAR 16 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INCODE INC
(Name of Corporation)

DOCUMENT NUMBER: P01000047055

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

Please return all correspondence concerning this matter to the following:

VERONICA PAREDES
(Name of Person)

INCODE INC
(Name of Firm/Company)

12208 SW129 CT
(Address)

MIAMI, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

VERONICA PAREDES at (305) 969-3031
(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, LUIS E ENRIQUEZ, hereby resign as DIRECTOR
(Title)

of INCODE INC
(Name of Corporation)

P01000047055, 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

FILED
2006 MAR -8 PM 1:45
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

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