

P01000050697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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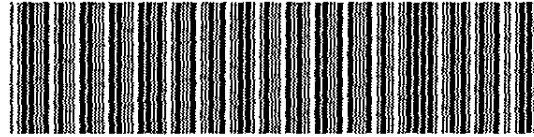
(Business Entity Name)

(Document Number)

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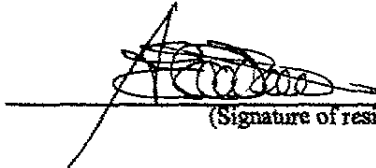
OFFICER / DIRECTOR RESIGNATION

I, ANDRES EQUIINTERO, hereby resign as PRESIDENT.
(Title)

of US, NETWORK DIRECT, CORP.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

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FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
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