P01000059415

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
·	·					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
		,				
<u> </u>	. '					

Office Use Only



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10/05/04--01079--009 **35.00



10-12/de

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Theme Baskets Plus Inc. (Name of Corporation) DOCUMENT NUMBER: PO100059415
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
Lose O. Carri Vo (Name of Person)
(Name of Firm/Company)
11263 NW 58 Th TR
11263 NW 58 th TR (Address) Miani FL 33178 (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

Jose D. C	arrilo.	hereby resign as	(Title)	
of theme	Baskets Plane of Corporation	us, Inc.		,
(Document Number, if	/ 5 a corporat	ion organized under tl	he laws of the State	of
	·			0
	(Signature of res	oligning officer/director)	SECRETARY OF FLORI	TILED 1 DET -5 PM 1:2

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

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