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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

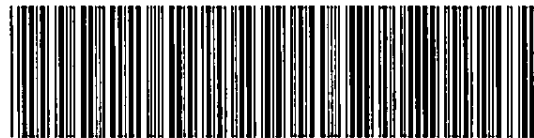
(Business Entity Name)

(Document Number)

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R. WHITE

JAN 26 2018

FILED  
18 JAN 25 AM 10:49  
TAMPA, FL 33602

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ROEMI INVESTMENTS CORPORATION  
(Name of Corporation)

DOCUMENT NUMBER: PO1 0000 82641

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

Please return all correspondence concerning this matter to the following:

SANDRA RODRIGUEZ

(Name of Person)

ROEMI INVESTMENTS CORPORATION

(Name of Firm/Company)

5877 NW 108TH PL

(Address)

DORR FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA RODRIGUEZ

(Name of Person)

at ( 786 ) 487-6232

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

18 JAN 25 AM 10:49

STAMPED  
TAXPAYER

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. The name of the CORPORATION as appears on the records of the FLORIDA DEPARTMENT OF STATE is:


ROEMI INVESTMENTS CORPORATION

2. This Corporation was organized under the laws of the State Of Florida

3. The Florida document/registration number of this Corporation is:

P01000082641

4. I, EMILIANO G RODRIGUEZ MURCIA, Hereby resign as a DIRECTOR (D) of this CORPORATION and affirm that the Corporation's Board of Directors has been notified of my resignation in writing.

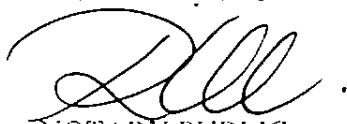
  
SIGNATURE OF RESIGNING OFFICER/ DIRECTOR

STATE OF FLORIDA

SS

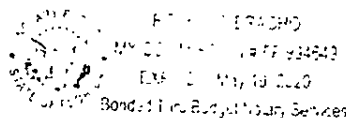
COUNTY OF DADE

Duly sworn before me, personally appeared EMILIANO G RODRIGUEZ MURCIA, presented satisfactory evidence in a form of identification, known to me and known by me to be the person who executed the above document and she acknowledge before me that she executed the same on this 20th Day of October of the year 2016.



NOTARY PUBLIC

My commission expires: May 19, 2020



(SEAL)