

PO2000028912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

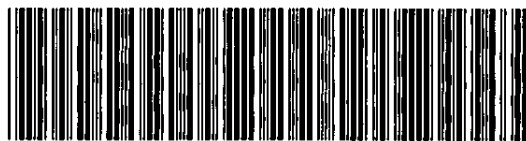
(Business Entity Name)

(Document Number)

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O/D
Resign.

10/28/13
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIALEAH EYE CARE CORP
(Name of Corporation)

DOCUMENT NUMBER: P02000028912

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

Please return all correspondence concerning this matter to the following:

BELKIS BOSCH DOMINGUEZ
(Name of Person)

HIALEAH EYE CARE CORP
(Name of Firm/Company)

5370 PALM AVE STE 2
(Address)

HIALEAH, FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

BELKIS BOSH DOMINGUEZ at (786) 9423795
(Name of Person) (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

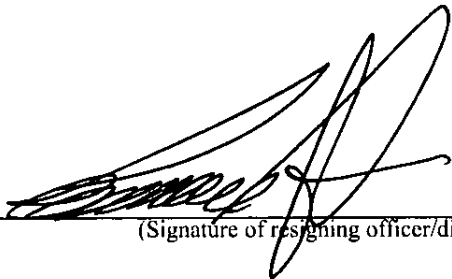
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RENZO CANNONE, hereby resign as VICEPRESIDENT
(Title)

of HIALEAH EYE CARE CORP
(Name of Corporation)

P02000028912, 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

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

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

FILED
13 OCT 21 AM 9:30
TALLAHASSEE, FLORIDA