P020000 32369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

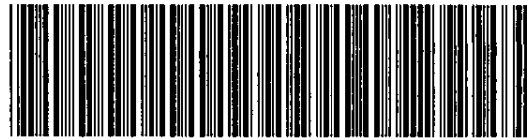(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: <u>ORTIZ CLEANING, INC.</u>
(Name of Corporation)

DOCUMENT NUMBER: <u>P02000032369</u>

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

Please return all correspondence concerning this matter to the following:.

<u>JULIO MOLINA</u>
(Name of Person)

<u>JULIO MOLINA P.A.</u>
(Name of Firm/Company)

<u>2002 CURRY FORD RD.</u>
(Address)

<u>ORLANDO FLORIDA 32806</u>
(City/State and Zip Code)

For further information concerning this matter, please call:

<u>JULIO MOLINA</u> at (<u>407</u>) <u>228-4757</u>
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State.

<u>Mailing Address:</u>
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

<u>Street Address:</u>
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _____RAFAEL ORTIZ_____, hereby resign as_____VICE PRESIDENT_____

(Title)

of_____ORTIZ CLEANING, INC._____,

(Name of Corporation)

_____P02000032369_____, a corporation organized under the laws of the State of

(Document Number, if known)
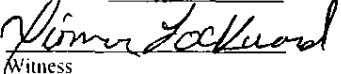
_____FLORIDA_____.

_____

(Signature of resigning officer/director)

STATE OF FLORIDA COUNTY OF_____ORANGE_____

Sworn to (or affirmed) and subscribed before me this 2√ day of nov, 20 14 by _Rafael Ortiz_

_____
Witness

Print Name Laura Perez

_____
Witness

Print Name Xiomara Lockward

_____ Signature Notary Public- State of Florida

_____JULIO MOLINA_____ Printed Name

My commission: # FF 153076 Expires:_____August 21, 2018_____