

PO2000036775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

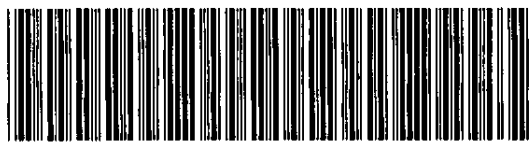
(Business Entity Name)

(Document Number)

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15 JUN 17 PM 2:26  
SECRETARY  
TALLAHASSEE

*Old Resignation*

JUN 26 2015

D CUSHING

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Our Crew Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000036775

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

Please return all correspondence concerning this matter to the following:

Raul I. Garcia, DMD  
(Name of Person)

(Name of Firm/Company)

9301 SW 56 Street Suite A  
(Address)

Miami, FL 33165  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 17 PM 2:26


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Elizabeth Lamas, hereby resign as Treasurer  
(Title)

of Our Crew Inc.  
(Name of Corporation)

P02000036775, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 17 PM 2:26

**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