

PO2000070094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

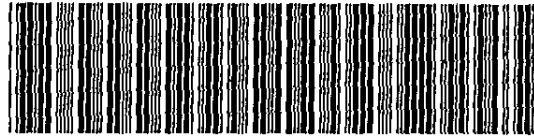
(Business Entity Name)

(Document Number)

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010
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PLATENSES & ASSOC., Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000070094

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

Please return all correspondence concerning this matter to the following:

LEOPOLDO CARRENA

(Name of Person)

Platenses & Assoc., Inc.

(Name of Firm/Company)

301 NW 84th CT., Apt. # 10

(Address)

Miami, FL., 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Leopoldo Carrena

(Name of Person)

at (321) 276 7520

(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**

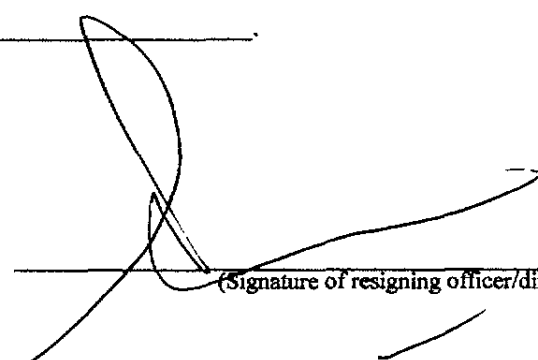
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CLERK OF STATE
TALLAHASSEE, FLORIDA

I, LEOPOLDO CARRENA, hereby resign as PRESIDENT
(Title)

of PLATENSES & ASSOC., Inc.
(Name of Corporation)

P02000070094, 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