

PO2000095084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

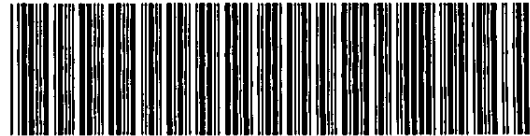
(Business Entity Name)

(Document Number)

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O/D Resign.  
DC  
4/29/13  
DC

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EQUAN, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000095084

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

Please return all correspondence concerning this matter to the following:

FRANK MALPARTIDA  
(Name of Person)

(Name of Firm/Company)

P.O. BOX 140743  
(Address)

CORAL GABLES, FL 33114  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK MALPARTIDA at (305) 798 7500  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FRANK F. MALPARTIDA, hereby resign as PRESIDENT  
(Title)

of EQVAN, INC.  
(Name of Corporation)

P02000095084, 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

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**13 APR 22 PM 2:59**