

FB2000104049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

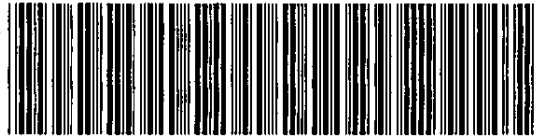
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRANK COSTOYA ARCHITECT PA
(Name of Corporation)

DOCUMENT NUMBER: P02000104049

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

Please return all correspondence concerning this matter to the following:

ALBA COSTOYA
(Name of Person)

FRANK COSTOYA ARCHITECT PA
(Name of Firm/Company)

5230 S. UNIVERSITY DR. #103
(Address)

DAVIE FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK COSTOYA at (954) 680-4440
(Name of Person) (Area Code & Daytime Telephone Number)
786-402-1482

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

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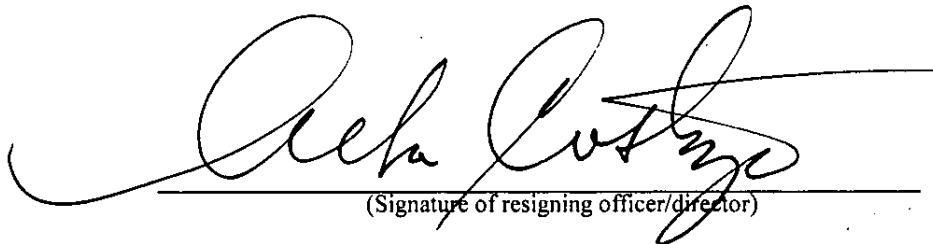
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Alba Costoya, hereby resign as VP
(Title)

of FRANK COSTOYA ARCHITECT PA
(Name of Corporation)

PO200004049, 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