

P03000029228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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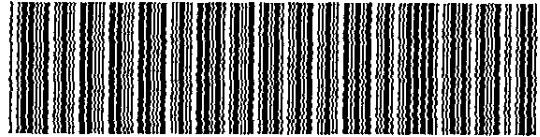
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: QUATRO, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P03000029228

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

Please return all correspondence concerning this matter to the following:

LAURA M ROSA  
(Name of Person)

QUATRO, INC.  
(Name of Firm/Company)

5800 SW 195 TERRACE  
(Address)

SOUTHWEST RANCHES, FL 33332  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA M ROSA at (954) 680-7983  
(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

FILED

03 JUN 25 PM 12:49


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, LISA D. BERRY, hereby resign as VICE PRESIDENT / DIRECTOR  
(Title)

of QUATRO, INC.  
(Name of Corporation)

P03000029228, 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