## P03000030077

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
SECRETARY OF STATE



## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: Inversiones Boston 16, Inc.
	(Name of Corporation)
DOC	CUMENT NUMBER: P03000030077
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plcas	se return all correspondence concerning this matter to the following:
Ma	yte Eiras
	(Name of Person)
П	Service LLC
	(Name of Firm/Company)
801	Brickell Avenue, Suite 2380
	(Address)
Mie	mi, FL 33131
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Rafa	(Name of Person) at ( 305 ) 779-5041 x 510 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifts 2661	Mailing Address: Independent Section Sion of Corporations On Building Executive Center Circle  Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Victor Gonzalez	, hereby resign as	
	(Title)	
of Inversiones Boston 16, Inc.		,
P03000030077 (Document Number, if known)	ne of Corporation), a corporation organized under the laws of the State of	
Florida	(Signature of sesigning affices/director)	SECRETAR TALLAHAS

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