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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



OD/RES a/11,14,07



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 016A G CTQUORS INC (Name of Corporation) DOCUMENT NUMBER: P 03 00 0 0 50 466
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COTO VINCENTA OLGA (Name of Person)
Oldas CIQUONS INC (Name of Firm/Company)
2429 Sw. 147 AUE (Address)
Miami FL, 33185 (City/State and Zip Code)
For further information concerning this matter, please call:
OLGA VICENTA COTO at (305) 300 - 2847 (Name of Person) (Area Code & Daytime Telephone Number)

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

I, BATISTA YASSEZ, hereby resign as VPD
of Olda's CIQ vors INC (Name of Corporation)
Document Number, if known), a corporation organized under the laws of the State of
FLOPIDA.
(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