P03000093473

(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:

Office Use Only



000367885110

06/11/21--01025--016 **35.00

PH 3: 28

JUL 2021

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Viciedo, I	(Name of Corporation)			
DOCUMENT NUMBER: Po;	30000934713			
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
Liliana C. F (Name of Person)	Fong			
(Name of Firm/Company)				
(Address)	F 12930 SU 12 Terrace			
Miami, FL 33192 (City/State and Zip Code)	£ 83			
For further information concerning this ma	tter, please call:			
Liliana Fong (Name of Person)	at (<u>186</u>) <u>253-6590</u> (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payab	le to the Florida Department of State.			
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ا، <u>ـــــــــ</u> /	liana C	Fong	, hereby resign as	<u>5 (</u>	D Title)	
of	Vicio	Name of Corpo	zation) poration organized un	nder the laws of th	e State of	-,
(lorido	own) 				
		- din				
		(Signature	of resigning officer/dire	ctor)	. 2	
					P: :	; ì

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, Florida 32314