

PO30000918109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

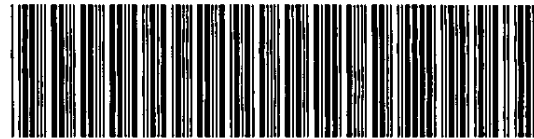
(Business Entity Name)

(Document Number)

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TALAMAS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alexnor Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000098109

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

Please return all correspondence concerning this matter to the following:

Niurka Fonte Esquivel

(Name of Person)

Alexnor Inc.

(Name of Firm/Company)

14200 SW 34 Street

(Address)

Miami, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Niurka Fonte Esquivel at (786) 877-7163

(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
2661 Executive Center Circle
Tallahassee, FL 32301

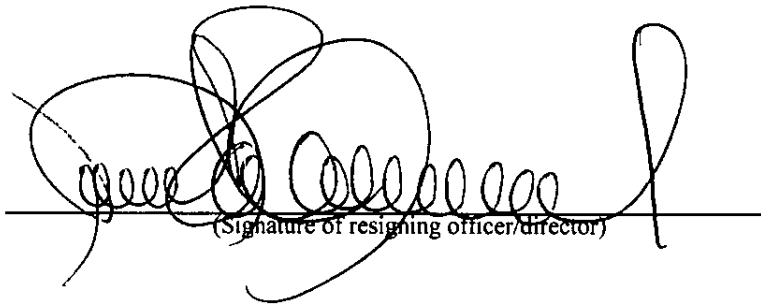
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Niurka Fonte Esquivel, hereby resign as President, Secretary, Director & register agent
(Title)

of Alexnor Inc.
(Name of Corporation)

P03000098109, 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

FILED
16 OCT -7 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA