

PQ3000130766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

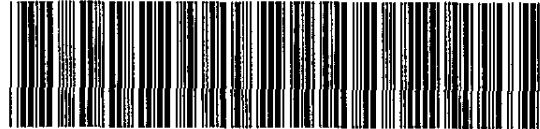
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*DTT Dir Resig
MAD 4/14*



300031978833

04/07/04 - 01051 -- 002 **35.00

FILED
04 APR - 7 PM 2:24
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACOYMA MIAMI CORP

(Name of Corporation)

DOCUMENT NUMBER: P03000130766

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JUAN CARLOS CLAVIJO

(Name of Person)

(Name of Firm/Company)

1701 NE 191 STREET APT 218

(Address)

MIAMI, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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**

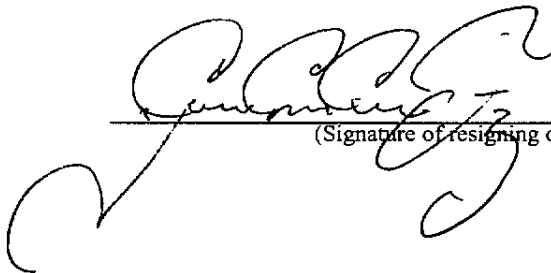
I, JUAN CARLOS CLAVIJO, hereby resign as DIRECTOR
(Title)

of ACOYMA MIAMI CORP
(Name of Corporation)

P03000130766, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

FILED
04 APR -7 PM 2:24
TALLAHASSEE, FLORIDA
STATE


(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