P0400001690

•
(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



800032580948

04/16/04--01021--006 **35.00

TICED

APRIESSE AMIL: 08

benev 24.

TRANSMITTAL LETTER

Division of Corporations Movebella, Inc (Name of Corporation) DOCUMENT NUMBER: PO400016990 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Reinaldo Leal (Name of Person) 17021 N. Bry Roal. #728 Sunny Joles Beach, Fl. 33/60 (City/State and Zip Code) For further information concerning this matter, please call: Name of Person) at (But 186) But 310. 7774
(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: **Street Address:** Amendment Section **Amendment Section**

Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, leinaldo Leal	, hereby resign as	President (Title)
of Floorbulla (Nau	Inc me of Corporation)	,
(Document Number, if known)	, a corporation organized und	er the laws of the State of
Florida		
	(Signature of resigning officer/directo	ALLAN ALLAN
		PR 16
		ESTAIL: 0
		96 08

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