P04000032674

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	··
(C	ity/State/Zip/Phone #/	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		

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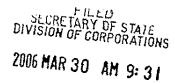
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O/D resign

-5

COVER LETTER

то:	Amendment Section Division of Corporations
SUB.	JECT: MORA MORALES & ASSOCIATES, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P04000032674
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
GLO	ORIA MORA
	(Name of Person)
МО	RA MORALES & ASSOCIATES, INC.
	(Name of Firm/Company)
124	26 SW 122 STREET
	(Address)
MIA	MI, FL 33186
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
GLO	RIA MORA at (305) 801-3072 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: Idment Section Ion of Corporations In Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32301



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FREDDY AGUILAR , hereby resign a	, hereby resign as
I,	(Title)
of MORA MORALES & ASSOCIATES, if	NC,
(Name of Corpora	ation)
P04000032674	oration organized under the laws of the State of
FLORIDA .	
(Signature of	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