## Po4000041483

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
· (Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to Filing Officer:		

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SECRETARY OF STATE
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2/23/dir

## TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJEC	CT: Luong Moc II, Inc. Luong Moc I, TNC (Name of Opporation)
DOCUM	MENT NUMBER: P040000414 <b>83</b>
The encl	osed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please re	eturn all correspondence concerning this matter to the following:
Luong	Moc Tran  (Name of Person)
	(Name of Person)
L.M. Tr	ran, Inc.
	(Name of Firm/Company)
3580 A	Noma Avenue, Suite 5
	(Address)
Winter	Park, Florida 32792
	(City/State and Zip Code)
For furth	er information concerning this matter, please call:
Peter Se	choemann at 407 839-4225
	(Name of Person) at (407 ) 839-4225 (Area Code & Daytime Telephone Number)
Enclosed	is a check for \$35.00 made payable to the Florida Department of State.
Division P.O. Box	nent Section Amendment Section of Corporations Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Luong Moc Tran	, hereby resign as officer and director (Title)
of Luong Moc I, Inc.	For G. M
(Name of Cor	poration)
P04000041483 ,a c	corporation organized under the laws of the State of
(Document Number, if known)	SEE P
Florida	To The state of th
	7

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

Amendment Section Division of Corporations P O. Box 6327 Tallahassee, Florida 32314