

P04 0000 47827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

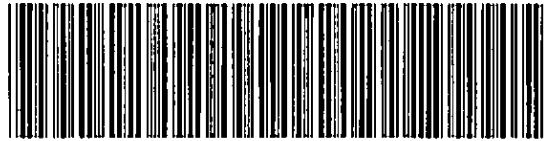
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MITAN ENTERPRISES INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000047827  
\_\_\_\_\_

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

REGINALD VALCENA  
\_\_\_\_\_  
(Name of Person)

MITAN ENTERPRISES INC  
\_\_\_\_\_  
(Name of Firm/Company)

4170 N STATE ROAD 7  
\_\_\_\_\_  
(Address)

LAUDERDALE LAKES FL 33319  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

REGINALD VALCENA at ( 954 756 3725 )  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2022 SEP -6 AM 11:37**


SECRETARY OF STATE  
TALLAHASSEE, FL

I, CARMAND DUMERVIL, hereby resign as DIRECTOR AND REGISTERED AGENT  
(Title)

of MITAN ENTERPRISES INC  
(Name of Corporation)

P 04000047827, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

 08-30-2022  
(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