204000062963

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)	,	
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nam	ne)	
(Doc	ument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to F		t	

Office Use Only



800214360528

11/18/11--01015--019 **105.00

11 NOV 18 PH 12: 25

610 Per 9

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: VLOT	Pinellos, Inc	
DOCUMENT NUMBER:	RECTON RESIGNATION	
The enclosed Articles of Amendment and fee	are submitted for filing. $\langle \cdot, \cdot \rangle$	
Please return all correspondence concerning to	his matter to the following:	
Baphael	Name of Confact Person	
VR of Pu	Firm/Company	
Pa Box	8589	
	Address	
Clearunter	FL 33758 City/ State and Zip Code	
α	City/ State and Zip Code Charles an editor future annual report notification)	
For further information concerning this matter,	, please call:	
Raphael Vazque Z Name of Contact Person	at (727) 461-3432 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:	
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Juan Vazgur , hereby resign as frenchest	15 cues	Bay	
of VRot Pinellas IVC (Name of Corporation)		- '	
(Document Number, if known) a corporation organized under the laws of the S	itate of		
(Signature of resigning officer/director)		11 HOV 18 PH 12: 25	7 E G

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