## P0400090527

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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	·
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MEATRICKING INC. (Name of Corporation)
DOCUMENT NUMBER: P04000090527
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Micia Madera (Name of Person)
(Name of Firm/Company)
20514 5-W. 92 CT. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Alicia Clanera at (305) 235-7683 (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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Niguel Aquelo, hereby resign as Viet-Fles i Deritario
of ME A Tweling The.  (Name of Corporation)
Potogo 90527, a corporation organized under the laws of the State of (Document Number, if known)
FlorioA
(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

ENGLERIZ OF STATE