

PO40000098629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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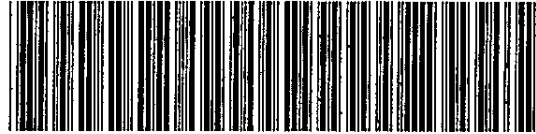
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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10

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PATRICIA'S ART & GALLERY
(Name of Corporation)

DOCUMENT NUMBER: P04000098629

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AURORA THOMEN

(Name of Person)

(Name of Firm/Company)

401 NW 56TH AVE

(Address)

MIAMI, FLORIDA. 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

AURORA THOMEN

(Name of Person)

at (305) 263-9375

(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

FILED
04 AUG -5 PM 4:30
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 AUG -5 PM 4:30
TALLAHASSEE, FLORIDA

I, AURORA THOMEN, hereby resign as PRESIDENT
(Title)

of PATRICIA'S ART & GALLERY, INC.
(Name of Corporation)

P04000098629, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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