P04000/10736

(Re	equestor's Name))
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

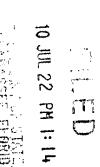
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COVER LETTER *

TO:	Amendment Section Division of Corporations
SUB	JECT: TEN PARTNERS CORPORATION
502	(Name of Corporation)
DOG	CUMENT NUMBER: P04000110736
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
EV	ELYN TRUJILLO
	(Name of Person)
PR	ATS FERNANDES & CO, PA
	(Name of Firm/Company)
212	21 PONCE DE LEON BLVD STE 240
	(Address)
co	RAL GABLES FL 33134
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
EVE	ELYN TRUJILLO at (
	ELYN TRUJILLO at (305) 444-8333 (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	mdment Section sion of Corporations on Building Executive Center Circle whassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

10 JUL 22 PM 1: 14 **ROBERTO CAVANZO** VSD hereby resign as_ (Title) TEN PARTNERSS CORPORATION (Name of Corporation) P04000110736 _, 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