P04000118551

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer	(Requestor's Name)	· -
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	(.	Address)	
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	Special Instructions	to Filing Officer	

Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CITY PUGS INC (Name of Corporation)
DOCUMENT NUMBER: <u>P04000 1855 </u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Rom U (Name of Person)
(Name of Firm/Company)
13300 NW 42 AVE BAY 2 (Address)
UPA IUCKA FL 33054. (City/State and Zip Code)
For further information concerning this matter, please call:
<u>Jennifer Romo</u> at (<u>786</u>) <u>DG8-813</u> (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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