

P04000154808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

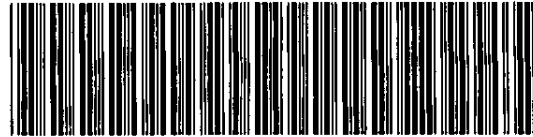
(Business Entity Name)

(Document Number)

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O/D  
Resign.

07-25-14  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2014

GIOVANNA LOPEZ-RUIZ  
14383 SW 161 ST  
MIAMI, FL 33177

SUBJECT: INFOCELL, INC.  
Ref. Number: P04000154808

We have received your document for INFOCELL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 714A00015208

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INFOCELL INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000154808

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

Please return all correspondence concerning this matter to the following:

GIOVANNA LOPEZ-RUIZ

(Name of Person)

(Name of Firm/Company)

14383 SW 161 ST

(Address)

MIAMI, FLORIDA

(City/State and Zip Code)

For further information concerning this matter, please call:

GIOVANNA LOPEZ-RUIZ at (786) 3870155  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

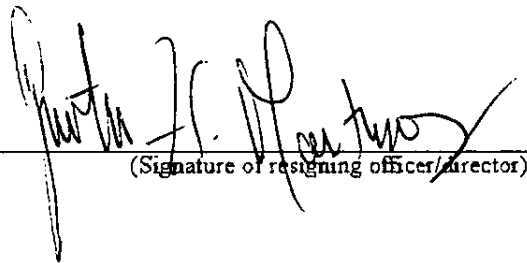
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Gustavo H. Martinez, hereby resign as President  
(Title)

of INFOCELL INC.  
(Name of Corporation)

P04000154808, 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

FILED  
14 JUL 25 PM 4:18