## P04000157815

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
(Only/State/Ztp/F Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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resignation To Officer

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SECRETARY OF STATE
SECRETARY SEEF FLORIDA

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: The Party Place Enterprises Inc.
502	(Name of Corporation)
DOC	CUMENT NUMBER: PO4000157815
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:
Ма	rgarita E Fernandez
	(Name of Person)
The	e Party Place Enterpises Inc.
	(Name of Firm/Company)
143	303 SW 39 St
	(Address)
Mia	ımi, Fl 33175
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Leo	nel Fernandez at ( 305 ) 219-0077  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (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	et Address: Indment Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Margarita E Fernandez

, hereby resign as Vice President

(Title)

The Party Place Enterprises Inc.

(Name of Corporation)

PO4000157815

, a corporation organized under the laws of the State of

(Document Number, if known)

Florida

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