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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to f	-iling Officer:	



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Nik Trypstoperts, ('CR). (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ROSEMAIR BACALLAU (Name of Person)
Nik Investments (Name of Firm/Company)
1699 (Cral Way So, te 315 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, WCIAFRAGA	, hereby resign as Vice president (Title)
of Nik Investment (Name of Corpora	ation) (CRP.
(Document Number, if known), a corp	oration organized under the laws of the State of
Florida.	THE SERVICE ME
. 1	1 Company
Such (Signature)	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