

P05000022918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

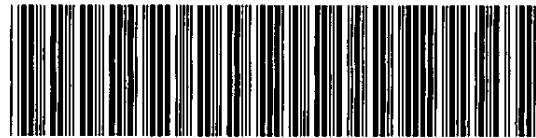
(Business Entity Name)

(Document Number)

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08 MAY 27 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 5/30/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALYMAR, INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000022918

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

Please return all correspondence concerning this matter to the following:

LICENCIADO M ALFONSO

(Name of Person)

(Name of Firm/Company)

23854 SW 107 PL

(Address)

HOMESTEAD, FL 33032

(City/State and Zip Code)

For further information concerning this matter, please call:

LICENCIADO M ALFONSO

(Name of Person)

at (786) 267-4175

(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, LICENCIADO M ALFONSO, hereby resign as PRESIDENT
(Title)

of ALYMAR, INC
(Name of Corporation)

P05000022918, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Lic. M. Alfonso
(Signature of resigning officer/director)

FILED
08 MAY 27 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, 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