## P05000047180

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAI	L			
(Business Entity Name)				
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SECRETARY OF STATE
FALLAHASSEE, FLORID

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APR 23 2019

**EXAMINER** 

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: SALAMA INVESTMENTS, INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: P05000047180
The o	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
RO	BERT SALAMA
	(Name of Person)
SAI	_AMA INVESTMENTS, INC.
	(Name of Firm/Company)
106	1 ALVINA LANE
	(Address)
OV	IEDO, FL. 32765
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
RAC	OUF SALAMA at ( 407 ) 489-2210 (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.
Amer Divis Clifto 2661	t Address: Indment Section Ision of Corporations Ision Building Executive Center Circle Ishassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ROBERT SALAMA , hereby resign as OFFICER (Title)		
		(Title)
of_ SALAMA INVESTMENTS_INC.		,
(Name of C	Corporation)	-
P05000047180 , (Document Number, if known)	corporation organized under the	laws of the State of
FLORIDA		
(Sign	ature of resigning officer/director)	
		10 APR 22 / SECRETARY
FIL	ING FEE IS \$35.00	AH 9: 02 OF STATE
Make checks payable to I	Florida Department of State an	d mail to⇒

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314