6500058758

(R	equestor's Name)	•	
(A	ddress)		
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(C	ity/State/Zip/Phone	e#)	
PICK-UP	 ₩ÃIT	MAIL	
Ŕ)	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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SECRETARY OF SIAIE
ALLAMASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Posono 58758 DOCUMENT NUMBER: Posono 58758
DOCUMENT NUMBER: Y05000 58758
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Altagracia Bierd (Name of Person)
(Name of Firm/Company)
4729 Windflower Circle
Tampa (City/State and Zip Code)
For further information concerning this matter, please call:
welsely Deserve at (813) 731-1036 (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, Attassacia Bierd, hereby resign as Prosi	dent (Title)	<u> </u>	_
of Bierd & Deserve, Inc. (Name of Corporation)			•
Posoos8758, a corporation organized under the laws of (Document Number, if known)	the State of		
Fbsida			
(Signature of resigning officer/director)		05 0CT 26 PM 2: 35	

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