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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	 -
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☐ PICK-UP	. WAIT	MAIL
(Bu	usiness Entity Name)	
	ocument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: E+6 PARTIVERS JWC. (Name of Corporation) DOCUMENT NUMBER: POSODO 72197
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ERNEST BLANCO (Name of Person)
E + 6 PARTNERS INC. (Name of Firm/Company)
16401 BRIDGE END RD. (Address)
MIAMI LAKES FL 330/4 (City/State and Zip Code)
For further information concerning this matter, please call:
ER VEST BLANCO at (305) 233.0400 (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 409 E. Gaines Street Tallahassee, FL 32399

OS SEP PO AN 8: 00

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>& K</u>	PACE	FUSTE	e, hereby re	esign as	SECRE (T	TARY itle)	_
of	E+	6 PA	PET NERS Corporation)	IN	'C		 ,
	OOOO 7	2192	, a corporation organ	nized unde	r the laws of the	State of	
F	OFIDA						
	<u> </u>	(Si _j	Enature of resigning off	- icer/director)		OS SEP 29 ANTESTATE	and the state of t

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