P0500095057

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
*						





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My





COVER LETTER

·
SUBJECT: Colls (or XPLess (Name of Corporation)
DOCUMENT NUMBER: Po 5000 95 257
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
802 N DIXIE HUY
BOCA RA+ON, FC 33432 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 417-2333 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

TO:

Amendment Section Division of Corporations

FILED

OFFICER / DIRECTOR RESIGNATION 06 MAY 22 PM 3: 10

SEURETARY OF STATE TALLAHASSEE, FLORIDA

I, _	Soe	Serrado	, hereby resign as	<i>نار</i> دو	PROSIDON+
of_	ر.	SUS Long (Name of Corpo	ration)		
	Po50000 (Document Number	0 95 257, a cor	poration organized und	ler the laws	of the State of
	FLORIDA	·			
	_<	(Signature	of resigning officer/director	or)	

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