

PO5000099536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

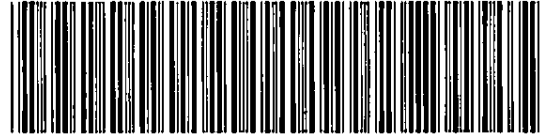
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

EBMD Corporation

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P05000099536 _____

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

Please return all correspondence concerning this matter to the following:

Pierre-Richard Edouard

(Name of Person)

EBMD Corporation

(Name of Firm/Company)

16161 NW 57th Ave

(Address)

Miami Lakes, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

Pierre-Richard Edouard 305 761-8138

(Name of Person)

at (_____) _____
(Area Code & Daytime Telephone Number)

2025 JAN 14 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

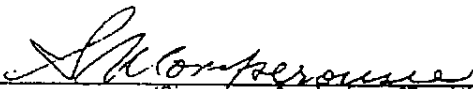
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

SONY MOMPEROUSSE PRESIDENT
I, _____, hereby resign as _____
(Title)

EBMD CORPORATION
of _____
(Name of Corporation)

P05000099536

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



(Signature of resigning officer/director)

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

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SECRETARY OF STATE
TALLAHASSEE, FL