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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Arjan, Inc | |
|--|--|
| | (Name of Corporation) |
| DOCUMENT NUMBER:P | 05000100506 |
| The enclosed Officer/Director Re | esignation for a Corporation and fee are submitted for filing |
| Please return all correspondence | concerning this matter to the following: |
| Niyomar Ruiz | |
| (Name of F | Person) |
| Arjan, inc. | |
| (Name of Firm | (Company) |
| 1533 Mendavia Ave | |
| (Addre | ss) |
| Coral Gables, FL 33146 | |
| (City/State and | Zip Code) |
| For further information concerni | ng this matter, please call: |
| Alex Ramirez | at (305) 525-9427 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 n | nade 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. Henry Rosales | , hereby resign as Treasure /Director |
|--|--|
| | (Title) |
| of Arjan, Inc | |
| | f Corporation) |
| P05000100506 (Document Number, if known) | _ a corporation organized under the laws of the State of |
| Florida | |
| | - |

FILING FEE IS \$35.00

in lature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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