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COVER LETTER

Division of Corporations
SUBJECT: VIP CLEAN CMT INC (Name of Corporation) DOCUMENT NUMBER: POS 000 10 1975
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MYRLANDE SINON (Name of Person)
VIP CLESN CUT INC. (Name of Firm/Company)
1533 NW 119 STREET
M/AM/ FL 33/67 (City/State and Zip Code)
For further information concerning this matter, please call:
Myllande (mon /NC at 305 370 - 5223 (Name of Person) (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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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