P05000154406

| (Re | equestor's Name) | | |
|-----------------------------------------|--------------------|-----------|--|
| (Address) | | | |
| (Ac | (dress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| | ☐ WAIT | • | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: TECHNI CLEANERS CORPORATION (Name of Corporation) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: <u>P 05 000154 406</u> |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Maricol Bectista (Name of Person) |
| TECHNI CLEANERS CORPORATION (Name of Firm/Company) |
| 922 Wood Side CTR #C (Address) |
| Kissimmee FL 34741 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Marisol Batista at (473) 954-3747 (Name of Person) (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 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. Mcrisol Batista | , hereby resign as | (Title) |
|----------------------------------------------|-------------------------------------------|----------------------------------------------------------------|
| OF TECHNICLEANER | S_CORPORATTON ame of Corporation) | , , |
| POS 000154406 (Document Number, if known) | , a corporation organized under the l | aws of the State of |
| Florida | ······································ | |
| | (Signature of resigning officer/director) | 05 DEC -9 AM 10: 23 SEUNE JANUS EE, FLORII TALLAHASSEE, FLORII |

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