

PD50000166816

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SEP 23 2016

R. WHITE

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TEAM MUNOZ, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000166816  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

RICHARD MUNOZ

\_\_\_\_\_  
(Name of Person)

TEAM MUNOZ, INC

\_\_\_\_\_  
(Name of Firm/Company)

2451 NE 4TH AVENUE

\_\_\_\_\_  
(Address)

POMPANO BEACH, FL 33064

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD MUNOZ                      954              931-9521  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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  
P.O. Box 6327  
Tallahassee, FL 32314

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

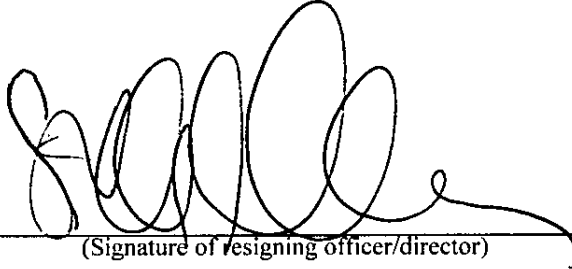
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, STELLA M NOLAN, hereby resign as DIRECTOR  
(Title)

of TEAM MUNOZ, INC.  
(Name of Corporation)

P05000166816

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