P06000048202

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J DEMNIS						
JUN 2 3 2023						





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TRANSMITTAL LETTER

	nent Section of Corporations
SUBJECT:	Ambray and Labryne Corp (Name of Corporation)
DOCUMENT N	NUMBER: P06 0000 48202
The enclosed Of	ficer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Roel Ambray (Name of Person)
Ambri	Name of Firm/Company) Comp
22	8 N Center St (Address)
T·	ctis FL 32726 (City/State and Zip Code)
For further infor	mation concerning this matter, please call:
Roel	Arnbray at (352) 455-5957 (Area Code & Daytime Telephone Number)
Enclosed is a che	eck 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

	Rhea	Ambray	, hereby resign as_	President
				(Title)
·	<u>.</u>	Ambray and	Labayore	Comp
~		Gvame of Corpora	non)	u
	06000048		oration organized unc	ler the laws of the State of
I)	Document Number, if	known)	•	
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		1		
		1	V. Ambrac	
			• •	
		(Signature o	resigning officer/direct	dr)

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