## P04000052109

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FOR SKATERS BY SKATERS  (Name of Corporation)  DOCUMENT NUMBER: PO60000 52109
DOCUMENT NUMBER: 106000 SCIO9
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Miguel VElazeu  (Name of Person)
FOR SKOTGRS (Name of Firm/Company)  (Name of Firm/Company)
2690 5ω 2 <b>δ</b> Lν (Address)
Miami Fl 33 133 (City/State and Zip Code)
For further information concerning this matter, please call:
OFMIFER Allvand at (305) 860 1542 (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

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JENNIFOR Allvard, hereby resign as PRESI	Je N (Title)
of For SKaTers By SKaTERS (Name of Corporation)	
P0600052109 , a corporation organized under the law (Document Number, if known)	s of the State of
[-lorida	
(Signature of resigning officer/director)	SEC
	FILE BIT 12 PRIASSE
	PM 12: OF STA
FILING FEE IS \$25 AA	

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

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