

PD60000091020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 465 Family Investments, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000091020

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

Please return all correspondence concerning this matter to the following:

Zoraida Sanchez  
(Name of Person)

465 Family Investments, INC.  
(Name of Firm/Company)

171 SE 10 Avenue  
(Address)

Hialeah, FL 33010  
(City/State and Zip Code)

For further information concerning this matter, please call:

Zoraida Sanchez at (305) 8783532  
(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, Zoraida Sanchez, hereby resign as Officer  
(Title)

of 465 Family Investments, INC.  
(Name of Corporation)

P06000091020, a corporation organized under the laws of the State of  
(Document Number, if known)

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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