

PO60000 91020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

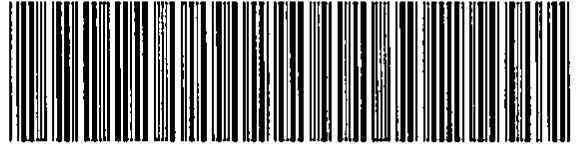
(Business Entity Name)

(Document Number)

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2019 MAY 17 PM 3:39  
FALLABUSH, 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:

**Altagracia Gomez**

(Name of Person)

**465 Family Investments, INC**

(Name of Firm/Company)

**4545 NW 37 ave**

(Address)

**Miami fl 33142**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Altagracia Gomez**

(Name of Person)

at **305 9223052**

(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 Allouche, hereby resign as Secretary  
(Title)

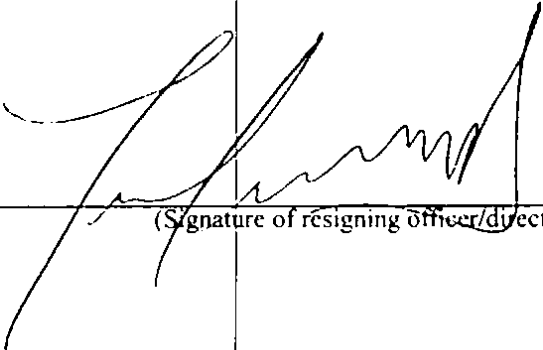
of 465 Family Investments, INC  
(Name of Corporation)

P06000091020

(Document Number, if known)

Florida

a corporation organized under the laws of the State of

  
(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

**FILED**  
2018 MAY 17 PM 3:39  
TALLAHASSEE, FLORIDA