

PD7000004116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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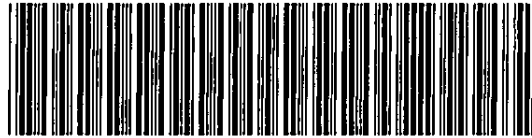
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South Florida Estate Liquidators, Inc.  
(Name of Corporation)  
**DOCUMENT NUMBER:** P07000004116

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

Please return all correspondence concerning this matter to the following:

Krista D'Andrea  
(Name of Person)

9593 N.W. 27<sup>th</sup> Street  
(Name of Firm/Company)  
(Address)

Coral Springs, FL 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

Krista D'Andrea at (954) 323.8768  
(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

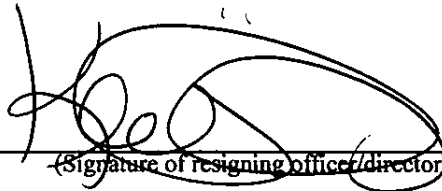
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Krista D'Andrea, hereby resign as President  
(Title)  
of South Florida Estate Liquidators, Inc.  
(Name of Corporation)  
P07000004116, 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