

PU7000026213

(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:

Office Use Only



600377852546

12/17/21--01014--010 **35.00

2021 DEC 17 AM 9:30
SECRET
FALL 2021

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF VP, SECRETARY

(Name of Corporation)

DOCUMENT NUMBER: P07000026213

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

Please return all correspondence concerning this matter to the following:

SAMUELE FARAGO

(Name of Person)

FLB 1, INC.

(Name of Firm/Company)

437 WASHINGTON AVE

(Address)

MIAMI BEACH/FLORIDA 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCA D ANGELO

(Name of Person)

at (+1 7862096681)
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

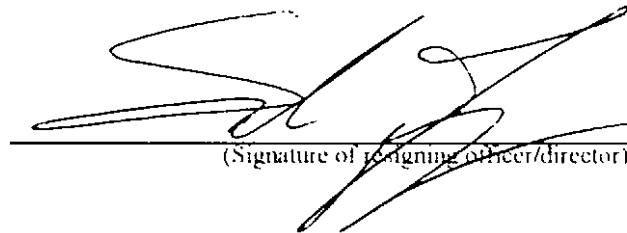
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SAMUELE FARAGO, hereby resign as VP. SECRETARY
(Title)

of FLB 1, INC.
(Name of Corporation)

P07000026213, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2021 DEC 17 AM 8:30
FILED
TALLAHASSEE

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