

P01 0000 34230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

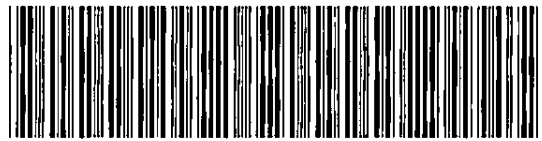
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2024 APR 15 AM 11:47
CLERK OF STATE
JANIS L. GORDON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cruz & Associates, Inc

(Name of Corporation)

DOCUMENT NUMBER: P07000034230

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

Please return all correspondence concerning this matter to the following:

Elba Cruz

(Name of Person)

Cruz & Associates, Inc

(Name of Firm/Company)

14515 SW 56 TER

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

Elba Cruz
_____ at (305) 798-4828
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


FILED
2024 APR 12 AM 11:43
FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

I, REINALDO CRUZ, hereby resign as Vice President/Director
(Title)

of Cruz & Associates, Inc
(Name of Corporation)

P07000034230, 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