000084454

(Re	equestor's Name)	
(,	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	DECT:_QUIERESLIGAR.COM, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P07000084454
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
ALV	'ARO J. SUAREZ
	(Name of Person)
QUI	ERESLIGAR.COM, INC.
	(Name of Firm/Company)
653	8 COLLINS AVENUE, SUITE 48
	(Address)
MIA	MI BEACH, FLORIDA 33141-4694
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
ALV	ARO J. SUAREZ (Name of Person) at (305) 632-9901 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Divisi Clifto 2661	t Address: Independent Section Identify

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. ALVARO J. SUAREZ	hereby resign as_	PRESIDENT & DIRECTOR
**		(Title)
of QUIERESLIGAR.COM, INC.		
	f Corporation)	,
P07000084454 (Document Number, if known)	_, a corporation organized un	der the laws of the State of
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