TUOLUU	<u>XO600</u>
(Requestor's Name) (Address)	000309484830
(Address) (City/State/Zip/Phone #)	03/05/1801015013 **35.00
(Business Entity Name) (Document Number)	
ified Copies Certificates of Status	2010 HAR -5 P 2 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	HAR O 6 2018 T. L <u>ennel</u> yx

· ·

à. Į, * Få. TRANSMITTAL LETTER ÷, TO: Amendment Section **Division of Corporations** SUBJECT: (Name of Corporation))FI **DOCUMENT NUMBER:** JU The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Name of Firm/Company) SE $\frac{\mathcal{P}(\mathcal{F}(\mathcal{I}))}{(\text{Address})}$ 487 (City/State and Zip Code) For further information concerning this matter, please call: at ((Name of Person) (Area Code & Davtime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Address

CR2E044 (05/13)

6128 hyphwood Park Lane Naples, FL 34110 561 322 5022 Klismos@comcast-net

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION I, ALE 1A _, hereby resign as_ KO/ (Title) of (Name of Corporation) a corporation organized under the laws of the State of (Document Number, if known) irector) 2018 HAR FILING FEE IS \$35.00 L to: U Make checks payable to Florida Department of State and mail 6 ξġ Amendment Section G **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314