P88600083261

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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1 D-Resign

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MISAKE COR PORATION (Name of Corporation)
DOCUMENT NUMBER: POBOOOB326/
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Miguel Porte// (Name of Person)
Name of Firm/Company) 9445 FOUNTAIND/EAU FZEE (Address)
(Address)
HIAMI Florida 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{\text{Niguel Postell}}{\text{(Name of Person)}} \text{ at } (\frac{305}{\text{Area Code & Daytime Telephone Number)}}$
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

TO:

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Sandra Postell	, hereby resign as	VICE - R) 1851001 ile)	<u>_</u> †
of NISAKE COR	OOR A TIOW f Corporation)			<u> </u>
P0800008326/ (Document Number, if known)	, a corporation organized und	der the laws of the	State of	
FloRIDA				
y (Si	gnature of resigning officer/direct	or)	19 JAN 10 AM ID:	FILED

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314