

PO9000042565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

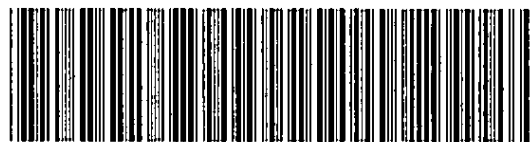
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2022 JAN -5 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FL 323

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLINA RECOVERY INC.

(Name of Corporation)

DOCUMENT NUMBER: P09000042565

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

Please return all correspondence concerning this matter to the following:

Tania Thollebeke

(Name of Person)

Colina Recovery Inc.

(Name of Firm/Company)

16836 Caravaggio Loop

(Address)

Montverde, FL 34756

(City/State and Zip Code)

For further information concerning this matter, please call:

Tania Thollebeke at (352) 678-8844

(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 **FILED**
FOR A CORPORATION

2022 JAN -5 PM 5:11


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ana Orge, hereby resign as Director and Vice President
(Title)

of COLINA RECOVERY INC
(Name of Corporation)

P09000042565, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 01/01/2022
(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