P090000 62536

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	·
(C)	ity/State/Zip/Phone #	<u> </u>
(0)	ty/Otate/2/p// Hone #	,
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	·)
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
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T. ROBERTS

COVER LETTER

TO:

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

TO:	Amendment Section Division of Corporations	
SUBJ	BJECT: Web-Lab Lab Products Corporation (Name of Corpora	tion)
DOC	CUMENT NUMBER: P09000062536	uon)
The ea	enclosed Officer/Director Resignation for a Corporation	J
	se return all correspondence concerning this matter to the aria Amorim (Name of Person)	s tonowing.
	(Name of Firm/Company)	
1835	35 NW 112 Avenue	
	(Address)	
Miar	ami, Florida 33172	
	(City/State and Zip Code)	
For fu	further information concerning this matter, please call:	
Warr	rren Bilchik at (786	350-7180 & Daytime Telephone Number)
	(Name of Person) (Area Code	& Daytime Telephone Number)
Enclo	losed is a check for \$35.00 made payable to the Florida D	epartment of State.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Maria Amorim	, hereby resign as President
7	(Title)
f Web-Lab Lab Products Corp.	
(Name	of Corporation)
P09000062536 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	·
Zamin	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