(F	Requestor's Name)		
(A	Address)		
. (A	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions t	o Filing Officer:		





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09/10/12--01021--015 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations SPECIALTY RECONDITIONING CORP SUBJECT: P10000016150 (Name of Corporation) DOCUMENT NUMBER:\_ The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ANDRES MUNOZ** (Name of Person) (Name of Firm/Company) 7150 NW 177 ST APT #205-15 (Address) MIAMI, FL 33015 (City/State and Zip Code) For further information concerning this matter, please call: **ANDRES MUNOZ** (Name of Person) (Area Code & Daytime 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 Clifton Building Division of Corporations Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DIANA PEREZ	VPRESIDENT	Γ	
I,	, hereby resign as		
	(T)	itle)	
SPECIALTY RECONDI			
	(Name of Corporation)		
P1000016150			
(Document Number, if known	n) a corporation organized under the laws of the	: State of	
	(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