## P10000026527

(Re	equestor's Name)	***
(Ad	idress)	<u>.                                    </u>
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600201413256

04/13/11--01018--010 \*\*35.00



4-19-11

DC

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FANTASY WORLD AYIE CORP
(Name of Corporation)
DOCUMENT NUMBER: P10000026527
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
EMILIA A SOTO
(Name of Person)
FANTASY WORLD AYIE CORP
(Name of Firm/Company)
11865 SW 26TH STREET UNIT C-34
(Address)
MIAMI, FLORIDA 33175
(City/State and Zip Code)
For further information concerning this matter, please call:
EMILIA A SOTO at ( 305 ) 485 5800 (Area Code & Daytime Telephone Number)
(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: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
AVA
The second secon

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, ADOLFO P NAQUID	, hereby resign as PRESIDENT	
	, neceby resign as (Ti	tle)
of_ FANTASY WORLD AYIE CORP		,
(Name of C	Corporation)	
P1000026527 (Document Number, if known)	a corporation organized under the laws of the	State of
FLORIDA		
(Sign	ature of resigning officer/director)	11 APR 13 AM 11:

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