PIOODOSSII

(Re	questor's Name)	
(Ad	dress)	
د 	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRITATE OF STATE
TALLLAMASSEE, FL

R. WHITE CO. 11 2019

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EL CAPOTE, INC.
(Name of Corporation) DOCUMENT NUMBER: P10000055340
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Joseph B. Ryan III, Esq.
(Name of Person)
Joseph B. Ryan III, P.A.
(Name of Firm/Company)
8925 SW 148th Street, Suite 210
(Address)
Palmetto Bay, FL 33176
(City/State and Zip Code)
For further information concerning this matter, please call:
Joseph B. Ryan III at (305) 444-4949 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

a Reco, hereby resign as Director/P/T/S
(Title)
of Corporation)
, a corporation organized under the laws of the State of
<u>_</u> .

(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