

P10 000059351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

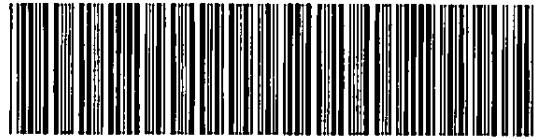
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHARONILLA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000059351

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

JONATHAN SHARON  
(Name of Person)

SHARONILLA INC  
(Name of Firm/Company)

11430 SW 115 LANE  
(Address)

MIAMI, FL 33176  
(City/State and Zip Code)

For further information concerning this matter, please call:

JONATHAN SHARON at ( 706 ) 510-4087  
(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

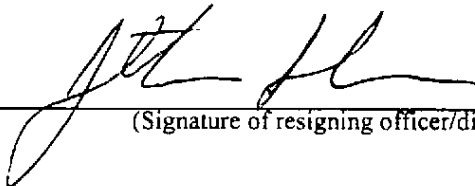
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOLYTHAZI SHARON, hereby resign as VICE PRESIDENT  
(Title)

of SHARONILLA INC  
(Name of Corporation)

P1000059351, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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