## P10000063087

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT, MATY SUPPLY CO. INC

(Name of Corporation)

DOCUMENT NUMBER: P10000063087

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL IRASTORZA

(Name of Person)

MATY SUPPLY CO. INC

(Name of Firm/Company)

6700 NW 114TH AVE #904

(Address)

**MIAMI FL 33178** 

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL IRASTORZA

,,305 \496-23

(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
409 E. Gaines Street
Tallahassee, FL 32399



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L OMAR A DOMING	BUEZ, hereby resign as DIRECTOR	
"—————————————————————————————————————	(Title)	
of MATY SUPPLY C	O. INC	
(Nan	ne of Corporation)	
P10000063087 (Document Number, if known)	, a corporation organized under the laws of the State of	
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