# P11000036444

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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of 2020th

#### TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

## SUBJECT: OFFICER / DIRECTOR RESIGNATION

(Name of Corporation)

DOCUMENT NUMBER: P11000036444

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

Please return all correspondence concerning this matter to the following:

# Krystal Harvey

(Name of Person)

#### Caliendo Foods & Imports, Inc.

(Name of Firm/Company)

#### 1200 NW 17th Ave STE 1

(Address)

## Delray Beach, FL 334454

(City/State and Zip Code)

For further information concerning this matter, please call:

#### Krystal Harvey

...,561

208-2060

(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
2661 Executive Center Circle
Tallahassee, FL 32301

#### , OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

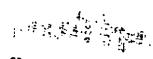
PATOCI IS ON 3: 3% , hereby resign as Secretary <sub>I.</sub> Krystal Harvey (Title) of Caliendo Foods & Imports, Inc. (Name of Corporation) P11000036444 \_\_\_\_, a corporation organized under the laws of the State of (Document Number, if known) Florida

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

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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| , hereby resign as Secretary                         |
|--|
| (Title)  |
| orts, Inc.   |
| orporation)  |
| corporation organized under the laws of the State of |
|  |
|  |
| WHUCL<br>adure 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