P110000043554

| (Requestor's Name) | | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nai | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 25th |
| | - | |

Office Use Only



300283908023

03/25/16--01024--003 **55.00

04/28/16--01029--005 **5.00

16 APR 25 PH 3: 00

ALLANDSSEE PLORIDA

OS 191

APR 2 7 2016

D CONNELL



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2016

ANDREA N. ANDRADA 13499 BISCAYNE BLVD. TS3 N.MIAMI, FL 33181

SUBJECT: EAL INVESTMENT INC.

Ref. Number: P11000043554

We have received your document for EAL INVESTMENT INC. and check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 216A00007176

TRANSMITTAL LETTER

EAL INVESTMENT INC (Name of Corporation) DOCUMENT NUMBER: P11000043554 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andrea N. Andrada (Name of Person) EAL INVESTMENT INC (Name of Firm/Company) 13499 Biscayne Blvd TS3 (Address) North Miami, FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Andrea N. Andrada (Name of Person)

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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _, hereby resign as President | |
|--|--|
| Title) | |
| NC | |
| rporation) | |
| corporation organized under the laws of the State of | |
| | |
| | |

(Signature of Lesigning Afficer/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

