P110000059742

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

SUBJECT: Open Time Support Inc

(Name of Corporation)

DOCUMENT NUMBER: P11000059742

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

Mailyn Albuerne

(Name of Person)

Open Time Support Inc

(Name of Firm/Company)

8894 SW 225 ST

(Address)

Cutler Bay, FL 33190

(City/State and Zip Code)

For further information concerning this matter, please call:

Mailyn Albuerne

(Name of Person)

at (786) 299 4103

(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:

P.O. Box 6327

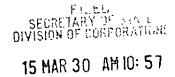
Amendment Section Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



_{ı.} Mailyn Albuerne	, hereby resign as Secretary
	(Title)
of Open Time Support In	ic
(Name of Co	
P11000059742 (Document Number, if known)	corporation organized under the laws of the State of
Florida	
	$\Lambda \wedge \Lambda$
(Signat	Ulburol ure of resigning officer/director)
(Signat	are 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