P11000069750

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	2 #f)
(On	.jrotatorzipii none	,
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Dr	ocument Number)	
(,	
Continue Continue	C-4:5:t-	-4.04-4
Certified Copies	_ Certificates	or Status
		<u>.</u>
Special Instructions to Filing Officer:		

Office Use Only



300252689773

10/21/13--01050--008 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORID,

C. LEWIS

OCT 2-8 2013

EXAMINER

TRANSMITTAL LETTER

Division of Corporations

SUBJECT: VICENT MIAMI 4205 LORP.

(Name of Corporation)

DOCUMENT NUMBER: P1/0000 6 9 750.

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

Please return all correspondence concerning this matter to the following:

Cyuthia Camidad.

(Name of Firm/Company)

2020 North Bay Store Dw. #3609.

(Address)

Miami F14. 33139.

(City/State and Zip Code)

For further information concerning this matter, please call:

Cyuthia Camidad.

(Name of Person)

(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

TO:

Amendment Section

APPROYEG AND FILED

13 00T 21 PM 1: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Viceray MiAMi. 4205 Copp.

(Name of Corporation)

P11000069750.

(Document Number, if known)

F102iJA.

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314