P11000080026

(Re	equestor's Name)			
(Ac	ldress)			
(Address)				
	hulChaha (Zim/Dhana	- 40		
(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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TRANSMITTAL LETTER

TO:

Amendment Section Division of Corporations

STIBLECT, KOMONDOR BUSINESS CORP

(Name of Corporation)

DOCUMENT NUMBER: P11000080026

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

Please return all correspondence concerning this matter to the following:

JOSE R POZO

(Name of Person)

KOMONDOR BUSINESS CORP

(Name of Firm/Company)

11731 BAYFIELD DR

(Address)

BOCA RATON, FL 33498

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE R POZO

"_.561

405-9556

(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

_{I.} JOSE A. PESTANA	, hereby resign a	DIRECTOR/PRESIDENT			
		<u> </u>	Title)		
of KOMONDOR BUSINES	SS CORP				
(Name of Corpor	ation)				_,
P11000080026	ooration organized (under the laws of the	ne State	of	
(Document Number, if known) FLORIDA					
η	S & Elon of resigning officer/dim			15 DEC -7 AMIO	40000000000000000000000000000000000000
(Signature	DI resigning officer/dire	ector)	14.5): 26	

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