## P11000105597

(Requestor's Name)			
(Address)			
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## **COVER LETTER**

TO:	O: Amendment Section Division of Corporations	
SUBJ	JBJECT: MIAMI ROSES & ACCESSORIES INC	
	(Name of Corporation)	
DOC	OCUMENT NUMBER: P11000105597	
The e	ne enclosed Officer/Director Resignation for a Corporation and fee are sub	mitted for filing.
Please	ease return all correspondence concerning this matter to the following:	
FRA	RANCO, JULIO	
	(Name of Person)	
MIA	MIAMI ROSES & ACCESSORIES INC	
	(Name of Firm/Company)	
352	3520 NW 79 STREET LOT A 137	
	(Address)	
MIA	MIAMI FL 33147	
	(City/State and Zip Code)	
For fu	or further information concerning this matter, please call:	
FRA	RANCO, JULIO at ( 786 ) 663-2909 (Area Code & Daytime Tele	
	(Name of Person) (Area Code & Daytime Tele	ephone Number)
Enclo	nclosed is a check for \$35.00 made payable to the Florida Department of S	State.
Amer Divis Clifte 2661	reet Address: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, PEREZ, CARLA	, hereby resign asVICE PRESIDENT		
,	(Title)		
of MIAMI ROSES & ACCESSOI	RIES INC		
	e of Corporation)		
P11000105597	corporation organized under the laws of the State of		
(Document Number, if known)			
FLORIDA	·		

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