

P 12000007717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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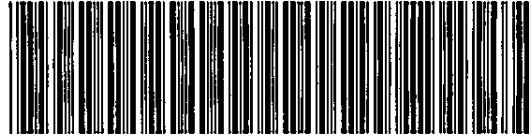
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 03 2014

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIUSKA MARISCAL MOPA.
(Name of Corporation)

DOCUMENT NUMBER: P12000007717

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

Please return all correspondence concerning this matter to the following:

LEOSKA MARISCAL.
(Name of Person)

LIUSKA MARISCAL MOPA.
(Name of Firm/Company)

15125 SW 148 PL
(Address)

MIAMI FL 33196
(City/State and Zip Code)

For further information concerning this matter, please call:

LIUSKA MARISCAL at (786) 298 3854.
(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

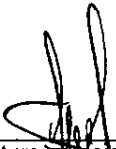
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Yo Leonel Ramirez, hereby resign as Director
(Title)

of Lioska Matiscant MDA
(Name of Corporation)

P1200000777, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature 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

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