

P12000014124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

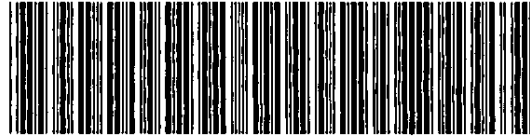
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAY 31 PM 1:35

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O/D
Resign.
6/4/13
Dr

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SABORES KAMY, CORP.**
(Name of Corporation)

DOCUMENT NUMBER: **P12000014124**

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

Please return all correspondence concerning this matter to the following:

JOHANA MILENA

(Name of Person)

SABORES KAMY, CORP.

(Name of Firm/Company)

121 N 20TH AVE

(Address)

HOLLYWOOD, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHANA MILENA

(Name of Person)

at (**954**) **927-0000**

(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

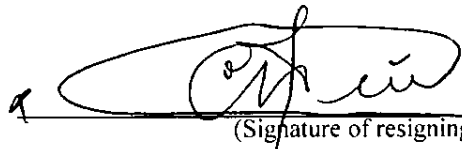
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CAMILO TORRES, hereby resign as PRESIDENT
(Title)

of SABORES KAMY, CORP.
(Name of Corporation)

P12000014124, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA