613000018816

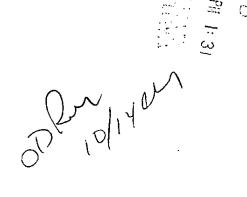
(Re	questor's Name)	
(Ad	dress)	
(Åd	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900252252869

10/07/13--01016--003 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HARVAL TIPE INC. (Name of Corporation) DOCUMENT NUMBER: P/2000018816
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Carlos R. Valdas (Name of Person)
(Name of Firm/Company)
3821 8 Lake DR. UniT 222
Tacepa + L. 33614 (City/State and Zip Code)
For further information concerning this matter, please call:
Caelos, R. Valdes at (813), 40% - 0303 (Name of Person) at (813), 40% - 0303 (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,	UAYKE ROQUE, hereby resign as_	OFFICER (Title)	
of_	MARUAL TILE INC. (Name of Corporation)		_,
		der the laws of the State of	
	(Document Number, it known)	:- 23	
	Florida.		
	, , , , , , , , , , , , , , , , , , , ,		٠,
			٠
		er er	[<u>-</u>]
	(Part)	**************************************	
	Kafae	ω	
	(Signature of resigning officer/direct	tor)	

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