

P12000020407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

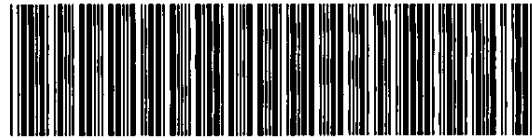
(Business Entity Name)

(Document Number)

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010 Resignation

FILED
13 DEC 30 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LLERANDI'S WINE, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P12000020407

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

Please return all correspondence concerning this matter to the following:

YURAIMÉ FERNÁNDEZ

(Name of Person)

WIZARD TAX INC

(Name of Firm/Company)

6741 SW 24 ST STE 55

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

YURAIMÉ FERNÁNDEZ at 786 545-6693
(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


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ABEL CRUZ, hereby resign as PRESIDENT
(Title)

of LLERANDI'S WINE, CORP.
(Name of Corporation)

P12000020407, 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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TALLAHASSEE, FLORIDA