

P12000027043

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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STATE OF MISSISSIPPI  
DIVISION OF CORPORATIONS  
16 DEC 23 AM 9:41

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**TRANSMITTAL LETTER**

RECEIVED  
DIVISION OF CORPORATIONS  
16 DEC 23 AM 9:41

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIAMI BLIND FACTORY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000027043

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

Please return all correspondence concerning this matter to the following:

**Manuel E. Ortega**  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

**3883 W 16 Avenue**  
\_\_\_\_\_  
(Address)

**Hialeah, FL 33012**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Enio Ortega** at ( **305** ) **904-6111**  
(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**

FILED  
DIVISION OF CORPORATIONS  
16 DEC 23 AM 9:41

I, Enio R. Ortega, hereby resign as CFO  
(Title)

of MIAMI BLIND FACTORY INC.  
(Name of Corporation)

P12000027043, 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