P12-0000 55373

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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C. CARROTHERS

→ TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lobe Venturs, Inc (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P12.000038313
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gabriela Maldonado (Name of Person)
(Name of Person)
(Name of Firm/Company)
10642 NE 10 PL (Address)
(Address)
Miami Shors, FL 33138 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Gabri-ela Maldonado at (786) 4934329 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Gabriela Maldonado, hercby resign as C+O	Γitle)
of Lobe Ventures, Inc. (Name of Corporation)	,
P1200038313, a corporation organized under the laws of the (Document Number, if known)	ne State of
Florida	
	2016
Patrela Paldonado (Signature of resigning office Adjuster)	2016 HAR - 7 PH SECRETARY OF BALLAHASSEE F

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