

P12000078419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C.L.
3-6-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **HOMEXPO MIAMI CORP**
(Name of Corporation)

DOCUMENT NUMBER: **P12000078419**

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

Please return all correspondence concerning this matter to the following:

GRIGORYAN MELKON
(Name of Person)

(Name of Firm/Company)
16711 COLLINS AVE #1603
(Address)

SUNNY ISLES BEACH, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

GRIGORYAN MELKON at **786 916-3660**
(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
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DIVISION OF CORPORATIONS

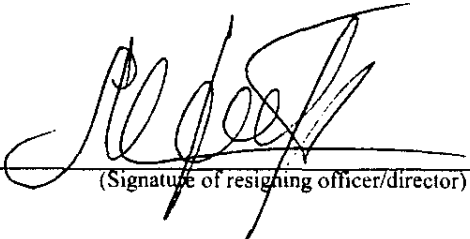
15 MAR -4 AM 8:51

I, GRIGORYAN MELKON, hereby resign as DIRECTOR
(Title)

of HOMEXPO MIAMI CORP
(Name of Corporation)

P12000078419, 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