

P13000010817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

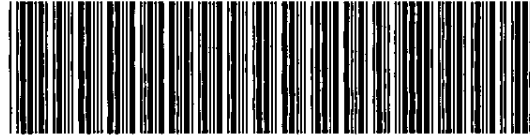
(Business Entity Name)

(Document Number)

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15 FEB 17 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED  
2015 FEB 17 PM 12:34  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLEXOTRI CONCEPTS INC  
(Name of Corporation)

DOCUMENT NUMBER: P13000010817

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

Please return all correspondence concerning this matter to the following:

Patricia Gonzalez  
(Name of Person)

FLEXOTRI CONCEPTS INC  
(Name of Firm/Company)

3000 SW 3RD AVE #307  
(Address)

Miami FL 33129  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Gonzalez (786) 486 0196  
(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

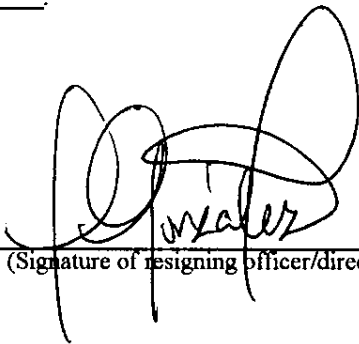
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Patricia Gonzalez, hereby resign as VP \_\_\_\_\_  
(Title)

of Flexo Tri Concepts \_\_\_\_\_  
(Name of Corporation)

P13000010817 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

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