P13000031736

(Re	questor's Name)	
•		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Timing Silvesia	

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NOLLY DANCE OF KULSTAF

HOV 21 2019 C. MCNAIR

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
_{suвјест:} Hidrocalido I	nc
	(Name of Corporation)
DOCUMENT NUMBER: P130	00031730
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
PEDRO A RIVERA	
(Name of Pers	son)
RIVERA & ASSOC	IATES
(Name of Firm/Co	ompany)
2752 MICHIGAN A	VE UNIT 4
(Address)	
KISSIMMEE, FL 34	1744
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le 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, ILSE A ROBLES	, hereby resign as(Title)	
of HIDROCALIDO INC	C	·
P13000031731e	f Corporation) _, a corporation organized under the laws of the State of	ſ
ILSE A	Robles. gnature of resigning officer/director)	มหารกัดห์ ดีสำนักสีสาดัก 19 NOV 21 PM

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