P13000071606

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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TALLAHASSEE, FLORIDA

TUN 18 2015 Y CANNON

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SPACIO STUDIO CORP.

(Name of Corporation)

DOCUMENT NUMBER: P13000071606

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO W. GOMEZ

(Name of Person)

SPACIO STUDIO CORP.

(Name of Firm/Company)

9450 NW 58 ST SUITE 104

(Address)

DORAL, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO W. GOMEZ

...305

753-0192

(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 SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JUN -9 PM 2: 22

	ANDEZ, hereby resign as (Title)
SPACIO	O STUDIO, CORP
	ame of Corporation)
P13000071606 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

FILING FEE IS \$35.00

(Signature of resigning of

(ficer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314