

P13000073143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

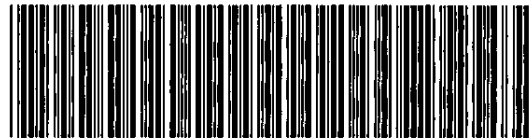
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

old Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: U. S. INTELLMATIK, CORP.

(Name of Corporation)

DOCUMENT NUMBER: P13000073143

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

Please return all correspondence concerning this matter to the following:

Carlos A. Garcia

(Name of Person)

U. S. INTELLMATIK, CORP.

(Name of Firm/Company)

13876 SW 56th Street, Suite 128

(Address)

Miami, Florida 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos A. Garcia

(Name of Person)

786 451-1786

at (

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

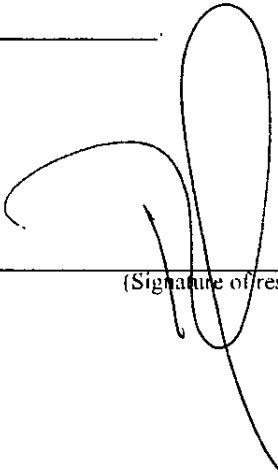
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RAUL A. LEON, hereby resign as TREASURER
(Title)

of U. S. INTELLMATIK, Corp.
(Name of Corporation)

P13000073143, 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