## P13000083622

(Requestor's Name)		
(Address)		
(Address)		
(National)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Dusing on Entitle Manne)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



500261296485

06/18/14--01004--002 \*\*35.00

14 JUN 18 PH 1:37

JUL 0 2 2014 C. CARROTHERS

## TRANSMITTAL LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: Shop Norka Corp.	
(Name of Corporation)	
DOCUMENT NUMBER: P13000083622	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fi	iling
Please return all correspondence concerning this matter to the following:	
Ana Romina Aleite	
(Name of Person)	
Shop Norka Corp.	
(Name of Firm/Company)	
9804 S.W. 124th Terrace	
(Address)	
Miami, Florida 33176	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Ana Romina Aleite at (305) 255-6327 (Name of Person) (Area Code & Daytime Telephone Numb	er)
, , , , , , , , , , , , , , , , , , ,	,

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

<sub>ı.</sub> Ana L Aleite	, hereby resign as Vice President
"	(Title)
<sub>of</sub> Shop Norka Corp.	
(Name	of Corporation)
P13000083622 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	_·
$\wedge$	D Olimba
ha	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

14 JUN 18 PH 1: 37