

P130000 944 25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

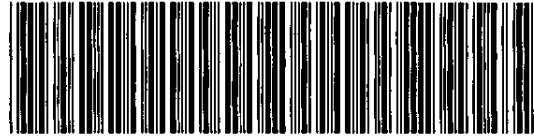
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269023861

02/04/15--01014--003 **35.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

15 FEB -4 AM 10:59

FILED

FEB 06 2015

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LT N 1380 Krome Inc
(Name of Corporation)

DOCUMENT NUMBER: P13000094425

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

Please return all correspondence concerning this matter to the following:

Samuel Strauch

(Name of Person)

(Name of Firm/Company)

1680 Michigan Avenue, Suite 1024

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Strauch

(Name of Person)

at (**305**) **6731160**

(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

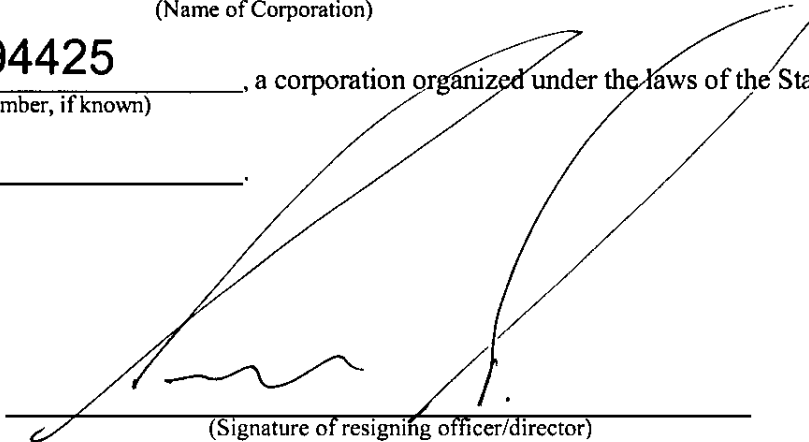
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Samuel Strauch, hereby resign as Manager
(Title)

of LT N 1380 Krome Inc
(Name of Corporation)

P13000094425, 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

FILED
15 FEB -4 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA