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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAW OFFICE OF RAWNY GARAY, P.A.

Account Number : I20040000004 Phone : (305)373-8355 Fax Number : (305)373-8353

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ANDIRA CORP.

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Electronic Filing Menu

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ANDIRA CORP.			
	(Name of Corporation)		
DOCUMENT NUMBER: P14000004116			
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
Bibiana Acero, Esq.			
(Name of Person)			
Law Office of Rawny Garay, PA			
(Name of Firm/Company))		
1831 SW 27th Avenue			
(Address)			
Miami, FL 33145			
(City/State and Zip Code))		
For further information concerning this ma	atter, please call:		
Bibiana Acero, Esq.	at (305) 373-8355 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

(((H23000124094 3)))

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Bibiana Acero	Secretary , hereby resign as			
**	, neredy resign as	(Title)		
ANDIRA CORP. of				
	(Name of Corporation)			
P14000004116	, a corporation organized under the laws of the	he State of		
(Document Number, if known				
Florida				
	 ,	2077		
		73		
		င်း		
	Folia	•		
	(Signature of resigning officer/director)	- آن: آن: آ		
)		

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