

P14000013625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

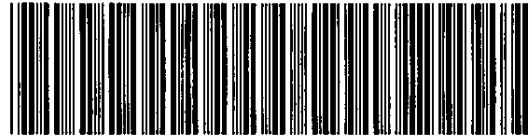
(Business Entity Name)

(Document Number)

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O/D Resign.

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FOUR FARMERS CORP**
(Name of Corporation)

DOCUMENT NUMBER: **P14000013625**

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

Please return all correspondence concerning this matter to the following:

ANA REYES

(Name of Person)

FOUR FARMERS CORP

(Name of Firm/Company)

3490 FOX CROFT ROAD#B203

(Address)

MIRAMAR, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA REYES

(Name of Person)

at (**786**) **488-7494**

(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

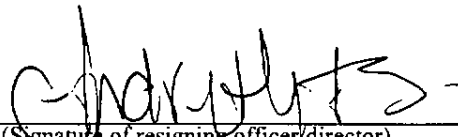
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANDREA ROJAS, hereby resign as PRESIDENT
(Title)

of FOUR FARMERS CORP
(Name of Corporation)

P14000013625, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA