## P1400013625

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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## TRANSMITTAL LETTER

SUBJECT: Four Farmers Corporation (Name of Corporation)
DOCUMENT NUMBER: <u>P14000013625</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIO PEROA.  (Name of Person)
FOUR FARMERS CORPORATION (Name of Firm/Company)
3490 Foxoroft Pd. B. 203
Miramar Fl 33025.  (City/State and Zip Code)
For further information concerning this matter, please call:
MARIO PENDA at (786) 738 6334 x 1010 (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

Amendment Section Division of Corporations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, And Reyes , hereby resign as Presid	ent Title)
of Four Farmers Corporation. (Name of Corporation)	,
(Document Number, if known); a corporation organized under the laws of the	e State of
Florida	
0.01-00-0.	
(Signature of resigning officer/director)	T
	SEP-4
FILING FEE IS \$35.00  Make checks payable to Florida Department of State and mail to	PM 3: 16

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314