

P14000057815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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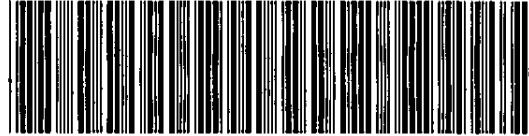
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C.L.
1-12-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C CRUZ SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P14000057815

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

Please return all correspondence concerning this matter to the following:

CELIO CRUZ

(Name of Person)

C CRUZ SERVICES, INC

(Name of Firm/Company)

818 6TH AVE WEST

(Address)

BRADENTON, FL 34221

(City/State and Zip Code)

For further information concerning this matter, please call:

CELIO CRUZ

(Name of Person)

at **941 527-9165**

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN -5 PM 1:17

I, MAHINOR ALVAREZ, hereby resign as VIPE-PRESIDENT
(Title)

of C CRUZ SERVICES, INC
(Name of Corporation)

P14000057815, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

MAHINOR ALVAREZ
(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