

P14 000058367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

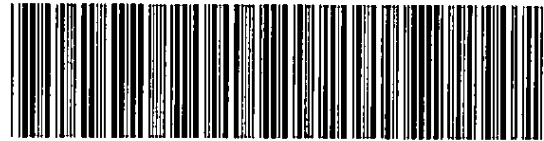
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASTORIA CORP

(Name of Corporation)

DOCUMENT NUMBER: P14000058367

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

Please return all correspondence concerning this matter to the following:

ENEIDA LILU PEREZ NAVARRO

(Name of Person)

ASTORIA CORP

(Name of Firm/Company)

7661 NW 107TH AVE APT 614

(Address)

DORAL, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE G TORRES CPA
_____ at (_____) (786) 715-5669
(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JULIO ACOSTA, hereby resign as PRESIDENT
(Title)

of ASTORIA CORP
(Name of Corporation)

P14000058367, 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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