PIUDDOM

(Re	questor's Name)						
(Ad	dress)						
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



100272593311

05/07/15--01010--019 **35.00

15 WY -7 SH 2: 4 Showlast State TALLAHASSEE, FLORID

010fc.

MAY 13 2015

R. WHITE

TRANSMITTAL LETTER

SUBJECT: App Queens Inc (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Shari Dickson (Name of Person)
App Queens Inc. (Name of Firm/Company)
1013 SW 18th St (Address)
Ft. Lauderdale, FL 33315 (City/State and Zip Code)
For further information concerning this matter, please call:
Shari Dickson at (954) 801.0682 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Astrid	Zaya	S	_, hereby res	ign as Vice	<u> Pr</u>	ر کے ر Title)	<u>Jer</u>	<u>t</u>
of_	App (Dueer (Na	me of Corporat	Inc.					,
	(Document Numbe	r, if known)	, a corpo	oration organi	zed under the la	aws of tl	he State	of	
	FLORIDA	4							
	·	<u></u>	(Signature of	resigning offic	er/director)	ŧ.		15 JAY -7 FE C	
			FILING F	TEE IS \$35.0	0			2: 49	

Make checks payable to Florida Department of State and mail to:

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