## PH000071159

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special instructions to Filing Officer:		





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07/07/15--01009--011 \*\*35.00

JUL 10 2015 T CANNON



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. 7 FULFILLMENT CENTER INC

(Name of Corporation)

DOCUMENT NUMBER: P14000071159

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

Please return all correspondence concerning this matter to the following:

**RONALD DAY** 

(Name of Person)

7 FULFULLMENT CENTER INC

(Name of Firm/Company)

657 SOUTH DRIVE

(Address)

MIAMI SPRINGS, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCOS GARRIDO

, 786 \210-6767

(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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



15 JUL -7 PM 12: 55

I, ALAIN J. YANES	, hereby resign as PRESIDENT (Title)
7 514 54 1 1 1 1 1 7	, ,
of 7 FULFILLMENT C	.,
·	of Corporation)
P14000071159	, 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

