

P14000074059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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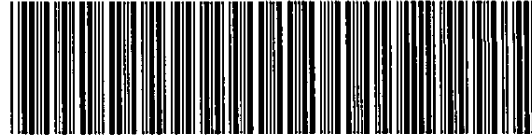
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O/D - Resigned
ST
8/25/16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LORENA PONCE INC
(Name of Corporation)

DOCUMENT NUMBER: P14000074059

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

Please return all correspondence concerning this matter to the following:

LORENA PONCE

(Name of Person)

(Name of Firm/Company)

8515 NW 3 LANE APT 09

(Address)

MIAMI FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

LORENA PONCE at (305) 906-2452
(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

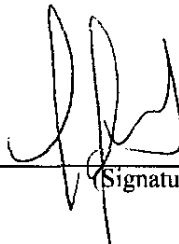
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LEONEL VELARDE, hereby resign as VICE PRESIDENT
(Title)

of LORENA PONCE INC
(Name of Corporation)

P14000074059, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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