140000845

(Ri	equestor's Name)	
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(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificate:	s of Status
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Office Use Only



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09/24/15--01008--023 **35.00

TRANSMITTAL LETTER

SUBJECT: GENIO'S BAKERY II CORP
(Name of Corporation) DOCUMENT NUMBER: P14000084589
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SAUL DUARTE
(Name of Person)
(Name of Firm/Company)
3109 NW 64 TH ST
(Address)
MIAMI, FLORIDA 33147
(City/State and Zip Code)
For further information concerning this matter, please call:
SAUL DUARTE at (786) 518-9822 (Area Code & Daytime Telephone Number)
(Name of Person) (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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FILED

2016 SEP 24 PM 2: 20

, SAUL DUARTE	SCONTINAY OF STATE TAPAKS FEDERAL
1,	, hereby resign as (Title)
of GENIO'S BAKERY II	CORP
	Corporation)
P14000084589	a corporation organized under the laws of the State of
(Document Number, if known)	-
FLORIDA	
(Sign	ature 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