

P14000093577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

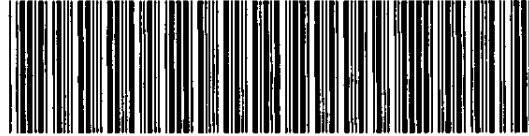
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C McNAIR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BEROZE INC**

(Name of Corporation)

DOCUMENT NUMBER: **P14000093577**

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

Please return all correspondence concerning this matter to the following:

ANDRES SALCEDO

(Name of Person)

BEROZE INC

(Name of Firm/Company)

232 SOUTHBRIDGE CIR

(Address)

KISSIMMEE, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDRES SALCEDO

(Name of Person)

at (**407**) **219-2744**

(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

*Note: I never opened this
business. I filed a police
report. It was fraud.*

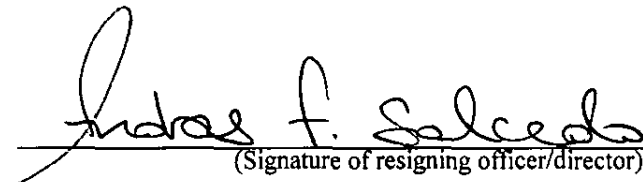
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANDRES SALCEDO, hereby resign as Officer/Director
(Title)

of BEROZE INC
(Name of Corporation)

P14000093577, 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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15 JUL 27 AM 4:14
STATE OF FLORIDA