

PA000 095 847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

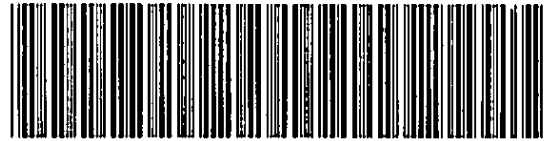
(Business Entity Name)

(Document Number)

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elo Resignation

JAN 0 5 2020

D CUSHING

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INVERALL INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000095847

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

Please return all correspondence concerning this matter to the following:

MARISOL BURSSSENS  
(Name of Person)

(Name of Firm/Company)

14699 HALTER RD

(Address)

WELLINGTON, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

BEATRIZ DE LA RUA at ( 561 ) 795-9500  
(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

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JAN 11 2014


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Marisol Burssens, hereby resign as 10/29/2019  
(Title)

of INVERALL INC  
(Name of Corporation)

P14000095847, 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

10/29/2019  
OFFICE OF THE  
CLERK OF THE  
FLORIDA DEPARTMENT OF STATE