

(F	Requestor's Na	ame)	
(/	Address)		
	Address)		
	City/State/Zip/F	Phone #)	
PICK-UP	☐ WAI	T	MAIL
	Business Entit	y Name)	
	Document Nur	nber)	.
Certified Copies	Certif	icates of	Status
			-
Special Instructions	to Filing Office	er:	
Ì			
<u> </u>			

Office Use Only



500319224665

10/16/18--01016--001 **35.00

R. WHITE OCT 23 2018

TRANSMITTAL LETTER

10-10-2018

TO: Amendment Section Division of Corporations

SUBJECT:	M,R. FILL	DELIVERY CORP.			
50D0E011	(Name of Corporation)				
DOCUMENT NU	MBER: P1500000	09381		 	
The enclosed Offic	er/Director Resig	gnation for a Co	poratio	n and fee are submitted for filing	
Please return all co	rrespondence cor	ncerning this ma	tter to t	he following:	
LAZARO F. MERCAD	AL				
<u> </u>	(Name of Pers	on)	_	_	
<na></na>					
	(Name of Firm/Co	mpany)		_	
3230 10th Ave SE					
	(Address)			_	
NAPLES, FL 34117					
	(City/State and Zip	r Code)		_	
For further informa	ntion concerning	this matter, plea	se call:		
CATHY L. LUCREZI,	ATTORNEY	239 at (€	298-8134) le & Daytime Telephone Number)	
(Na	me of Person)	(<i>ř</i>	rea Co	le & Daytime Telephone Number)	
Enclosed is a check	c for \$35.00 made	e payable to the	Florida	Department of State.	
Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ations	Street Addrest Amendment S Division of Co 2661 Executiv Tallahassee, F	ection rporation e Cente	r Circle	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LAZARO F. MERCADAL I.	, hereby resign as (Title)				
of M.R. FILL DELIVERY CORP.	ne of Corporation)				
(Document Number, if known) FLORIDA	, a corporation organized under the laws of the State of I DO NOT ACKNOWLEDGE OR CONCEDE THAT I WAS AN OFFICER OF THE CORPORATION.				
	(Signature of resigning officer/director)				

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314