

P150000019519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

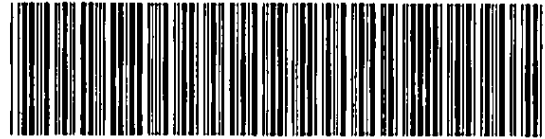
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MiVina, Inc
(Name of Corporation)

DOCUMENT NUMBER: P15000019519

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

Please return all correspondence concerning this matter to the following:

Levina F Homen

(Name of Person)

MiVina, Inc

(Name of Firm/Company)

2700 EAST MOODY BOULEVARD UNIT 2710-A

(Address)

BUNNELL, FL 32110-5992

(City/State and Zip Code)

For further information concerning this matter, please call:

Levina F Homen

386

986-7447

at ()

(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, Levina F Homen, hereby resign as VP/D
(Title)

of MiVina, Inc
(Name of Corporation)

P15000019519, 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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TALLAHASSEE