## P15000031768

(Re	questor's Name)	-		
(Ad	idress)			
(Ad	ldress)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

HOUSE OF GLASS INC.					
SUBJECT:	(Name of Corporation)				
DOCUMENT NUMBER:					
The enclosed Officer/Director Resignation f	or a Corpora	tion and fee are submitted for filing			
Please return all correspondence concerning	this matter t	o the following:			
LEON LUIS CRUZ					
(Name of Person)					
HOUSAE OF GLASS, INC.					
(Name of Firm/Company)		<del></del>			
6835 NARCOOSSEE ROAD					
(Address)					
ORLANDO, FLORIDA 32822					
(City/State and Zip Code)					
For further information concerning this matt	ter, please ca	II:			
LEON LUIS CRUZ		800 2913			
(Name of Person)	_ at ( (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

LEON LUIS CRUZ	VP	
I	, hereby resign as	
		(Title)
HOUSE OF GLASS, INC.		
OI	(Name of Corporation)	
(Document Number, if known FLORIDA	, a corporation organized under the	e laws of the State of
		s <b>2</b>
	(Signature of resigning officer director)	ZO19 JUN SECKE! TALLA

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