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(Requestor's Name)
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C Kiuzeh

TRANSMITTAL LETTER

UBJECT: OLIVER AND GRET (Name of Corporation)
(ivame of Corporation)
OCUMENT NUMBER:
he enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
(Name of Person)
OLIVER AND CRET (Name of Firm/Company)
947 ALT HA SUITEF (Address)
(City/State and Zip Code)
or further information concerning this matter, please call:
(Name of Person) at (56) 373 4411 (Area Code & Daytime Telephone Number)
(Time as a supplied to the following the fo

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section **Division of Corporations**

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 FRENC TE	PPER	, hereby resign as	MCE PF	(Title)	
of OLIVER A	(Name of Corpo	oration)			- ·
(Document Number, if kno	own) . a cor	poration organized u	nder the laws of	the State of	
FLORIDA	- ·				
	Bigniture	of resigning officer/direct	etor)	2019 MAY 31 PM 3: 17 SECRETARY OF STATE TALLAHASSEE, FL	

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