## P15000000008888

(Re	equestor's Name)	<del></del>		
(Address)				
(Ad	ldress)	<del> </del>		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	:		

Office Use Only



300285683403

05/26/16--01006--006 \*\*35.00

2016 HAY 26 PH 12: 49

ODRES

MAY 2 6 2016 I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BLIND BROTHERS, INC.  (Name of Corporation)  DOCUMENT NUMBER: \$\frac{15000070888}{15000070888}\$
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
REGIND RODRIGUEZ (Name of Person)
BLIND BROTHERS, INC. (Name of Firm/Company)
7038 SW 46 STREET
1038 SW 46 STREET  (Address)  MiAMI, FL. 33155
(City/State and Zip Code)
For further information concerning this matter, please call:
REGIND RODRIGUEZ  (Name of Person)  at (305) 216-0475  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, DANIEL RO	DRIGUEZ	, hereby resign as_	SECRETARY/7	REASURER
ofBd		ERS, INC.		,
P15000070		rporation) corporation organized un	nder the laws of the Sta	ite of
FLORIDA	7			
		0.44		
	(Signay	fre of resigning officer/direc	tor)	23
			100 CO	E 1 L 1
				ED ED
	FILIT	NG FEE IS \$35.00	<b>@</b>	; ;; ; ;;

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

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