

P15000075335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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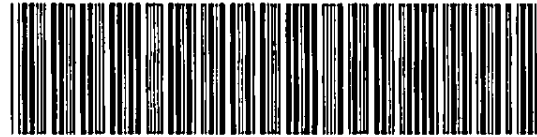
(Business Entity Name)

(Document Number)

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2017 JUL 24 PM 1:12  
DIVISION OF CORPORATIONS

JUL 28 2017

JUL 28 2017

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SkyTrade Inc.  
(Name of Corporation)

DOCUMENT NUMBER: 715000075335

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

Please return all correspondence concerning this matter to the following:

Pony Criado Fiorino  
(Name of Person)

SkyTrade Inc  
(Name of Firm/Company)

1287 Legendary Blvd.  
(Address)

Clermont, FL 34711  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pony Criado Fiorino at (407) 443-6116  
(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

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 24 PM 11:12

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


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DIVISION OF CORPORATIONS  
JUL 24 PM 1:19

I, Paz Criado Fiorino, hereby resign as VP  
(Title)

of Skytrade Inc  
(Name of Corporation)

7150 000 75335, 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