

P15 0000 75639

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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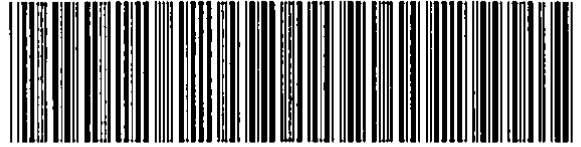
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOS MOLCAJETES DEL VALLE, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000075639  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

LOPEZ DEL VALLE, ESTEFANIA  
\_\_\_\_\_

(Name of Person)

LOS MOLCAJETES DEL VALLE, INC.  
\_\_\_\_\_

(Name of Firm/Company)

3367 BAYSHORE DR  
\_\_\_\_\_

(Address)

NAPLES FL 34112  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

LOPEZ DEL VALLE, ESTEFANIA  
\_\_\_\_\_

(Name of Person)

at (239 )

234-5027

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GONZALEZ TORRES, ADELA, hereby resign as VP  
(Title)

of LOS MOLCAJETES DEL VALLE, INC.  
(Name of Corporation)

P15000075639, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

2007-07-11 10:04

**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