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TO: Amendment Section Division of Corporations

SUBJECT: Innovation Research Institute, Inc

(Name of Corporation)

DOCUMENT NUMBER: P16000008326

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

Please return all correspondence concerning this matter to the following:

Ramon E Alegret

(Name of Person)

Innovation Research Institute, Inc

(Name of Firm/Company)

7171 Coral Way, Suite 311

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon E Alegret, MD (Name of Person) at (305) 221-0200 (Area Code & Daytime Telephone Number)

BATT NOV 27 PH 2: 6

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



 $_{\rm L}$ Jessica M Palacio

(Document Number, if known)

_____, hereby resign as President

(Title)

of Innovation Research Institute, Inc

(Name of Corporation)

P1600008326

_, a corporation organized under the laws of the State of

Florida

of resigning officer/director) (Signato

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