

P/600000 8636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

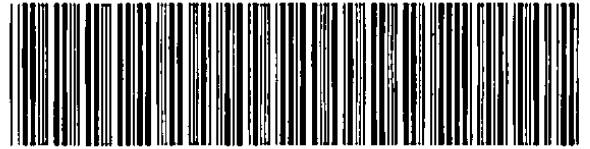
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JUL 24 2019

2019 JUL 19 AM 8:22
SECRETARY OF STATE
PAID PASSER TL

o/d - Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

LINK1 INVESTMENTS CORP

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P16000008636 _____

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

Please return all correspondence concerning this matter to the following:

Julia Alvarez

(Name of Person)

FLORIDA SERVICES CONSULTANTS INC

(Name of Firm/Company)

549 W 13TH STREET , SUITE 1

(Address)

APOPKA FL 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

Julia Alvarez 407 4857466

(Name of Person) at (_____) _____
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

ROBERTO COLOMA CRUZ

SECRETARY

I, _____, hereby resign as _____
(Title)

LINK1 INVESTMENTS CORP

of _____
(Name of Corporation)

P16000008636

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

(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 19 AM 8:22

FILED

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