## P16000013431

(Requestor's Name)					
(Address)					
(Address)					
(City/	State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
41.					

Office Use Only



000284560690

04/15/18--01030--011 \*\*35.00

PILED 2016 APR 15 PN 1:29

7/1900

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

HECTOR'S BROKERS

(Name of Corporation)

DOCUMENT NUMBER: P16000013431

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

Please return all correspondence concerning this matter to the following:

GONZALEZ MOLINA HECTOR M

(Name of Person)

**HECTOR'S BROKERS** 

(Name of Firm/Company)

1511 17TH AVENUE NORTH

(Address)

LAKE WORTH, FL 33460

(City/State and Zip Code)

For further information concerning this matter, please call:

GONZALEZ MOLINA HECTOR M \_\_\_561

(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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, HECTOR GONZA	LEZ	_, hereby resig	gn as VP		
of HECTOR'S BROK	'ERS			(Title)	
	ne of Corporati	on)			<u></u> ,
P16000013431	, a corpo	ration organiz	ed under the la	aws of the State	of
(Document Number, if known) FLORIDA	·				2016 APR
				A11455E	FILED APR 15 PI
	(Signature of	resigning officer	r/director)		H 1: 29

## 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