

PI60000028536

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

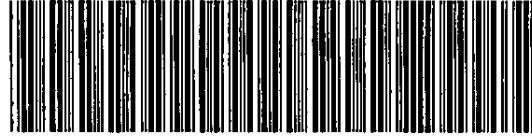
\_\_\_\_\_  
(Business Entity Name)

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

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TALLAHASSEE, FLORIDA

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I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **OFFICER RESIGNATION**

(Name of Corporation)

DOCUMENT NUMBER: **P16000028536**

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

Please return all correspondence concerning this matter to the following:

**ALEJANDRINA MARY CRIADO**

(Name of Person)

**CRIADO ROOFING, CORP**

(Name of Firm/Company)

**3015 W DOUGLAS ST**

(Address)

**TAMPA, FL 33607**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ALEJANDRINA MARY CRIADO** at **(407) 690-0366**

(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, MARILINE CRIADO, hereby resign as PRESIDENT  
(Title)

of CRIADO ROOFING, CORP,  
(Name of Corporation)

P16000028536, 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

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