

P16000029703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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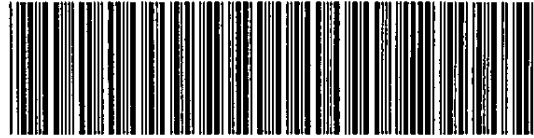
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALFA TRUST INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000029703

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

Please return all correspondence concerning this matter to the following:

RYKOV, ALEXANDER

(Name of Person)

ALFA TRUST INC

(Name of Firm/Company)

2021 SW 14TH TER

(Address)

FORT LAUDERDALE, FL 33315

(City/State and Zip Code)

For further information concerning this matter, please call:

RYKOV, ALEXANDER at (305) 3325632  
(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

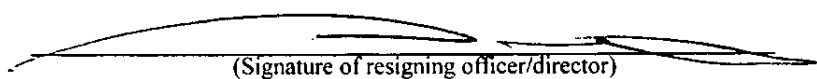
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DAMARATSKI, ALIAKSANDR, hereby resign as P  
(Title)

of ALFA TRUST INC  
(Name of Corporation)

P16000029703, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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2016 OCT 17 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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