

P160000051090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

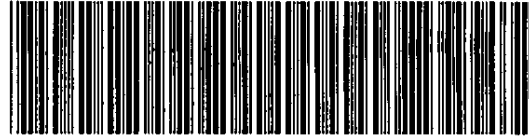
(Business Entity Name)

(Document Number)

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2018 APR -5 PM 4:36

APR 09 2018

C McNAIR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BEAFRANC & ASSOCIATES**
(Name of Corporation)

DOCUMENT NUMBER: **P16000051090**

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

Please return all correspondence concerning this matter to the following:

PAULA FRANCO

(Name of Person)

BEAFRANC & ASSOCIATES

(Name of Firm/Company)

8355 WEST FLAGLER SUITE 302

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

PAULA FRANCO

(Name of Person)

at (**305**) **439-1367**

(Area Code & Daytime Telephone Number)

10031 SW 40th Ave, Miami, FL 33165

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**


2018 APR -5 PM 1:30

I, PAULA FRANCO, hereby resign as MANAGING PARTNER
(Title)

of BEAFRANC & ASSOCIATES
(Name of Corporation)

P16000051090, 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