P16000054156

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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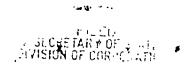


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SECRETARY OF SAATS

TRANSMITTAL LETTER



2018 JUN 12 AM 11: 19

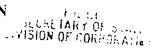
TO: Amendment Section Division of Corporations

SUBJECT: SIG Systems, Inc.	
(Name of Corpo	ration)
DOCUMENT NUMBER: P16000054156	
The enclosed Officer/Director Resignation for a Corporatio	n and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Silvana Inestroza	
(Name of Person)	-
SIG Systems, Inc.	
(Name of Firm/Company)	_
5979 NW 151st Street Ste 104	
(Address)	_
Miami Lakes, FL 33014	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Mario Inestroza 31,786	200-1236 de & Daytime Telephone Number)
(Name of Person) (Area Coc	lc & Daytime Telephone Number)

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 JUN 12 AMII: 18

Mario Inestroza	, hereby resign as President
	(Title)
SIG Systems, Inc.	
(Name of	Corporation)
P16000054156 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
	gnature 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