

P160000 68859

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)



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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Carismas Consulting, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000068859

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

Please return all correspondence concerning this matter to the following:

Yeny De Erbiti

(Name of Person)

Carismas Consulting, Inc.

(Name of Firm/Company)

50 Lindsay Ct Ste 101

(Address)

Hialeah, FL 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosana Iglesias at (305) 562-7946  
(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, Yeny De Erbiti, hereby resign as Vice President  
(Title)

of Carismas Consulting, Inc.  
(Name of Corporation)

P16000068859, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

*Yeny De Erbiti*  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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