## P160000 69550

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

JUL 1 6 2021

I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: REMOVING MYSELF AS PRESI	DENT OF OFFICER OF PUROVETE INC. (Name of Corporation)
DOCUMENT NUMBER: P16000069550	(Name of Corporation)
	1 for a Corporation and fee are submitted for filing
Please return all correspondence concerning	
MOMIN UD DOWLAH	
(Name of Person)	<del></del>
(Name of Firm/Company	<del>)</del>
4940 SW 95TH CT	
(Address)	
MIAMI, FL 33165	
(City/State and Zip Code)	)
For further information concerning this ma	atter, please call:
MOMIN UD DOWLAH	at ( 786 999-3113 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.
¿ Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

MOMIN UD DOWLAII I.	PRESIDENT .	
Thereby tengh as		(Title)
ofPUROVITE INC.		
(Na	ame of Corporation)	·
PUROVITE INC. (Document Number, if known)	, a corporation organized under the laws of	the State of
FLORIDA		
	Manielle	
	(Signature of resigning officer/director)	2021 JUN 16 P
	FILING FEE IS \$35.00	PH 2: 36

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314