P1600013010

(₭€	equestor's Name)		
(Ac	idress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Name)		
(Do	ocument Number)		
`	,		
Certified Copies	Certificates of	Status	
		 1	
Special Instructions to Filing Officer:			
		ļ	
<u> </u>	<u> </u>		





700320328267

11/05/18--01034--025 **35.00

2018 NOV -5 PM 3: 32

C GOLDEN NOV - 8 2018

TRANSMITTAL LETTER

Division of Corporations DEL MAR 2210, CORP (Name of Corporation) DOCUMENT NUMBER: P16000073010 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIGUEL ALTUVE (Name of Person) DEL MAR 2210, CORP. (Name of Firm/Company) 17864 NW 2ND ST (Address) PEMBROKE PINES, FL 33029 (City/State and Zip Code) For further information concerning this matter, please call: MIGUEL ALTUVE at (954)441-3475 (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section

TO:

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, DARIO ALANO	, hereby resign as	, hereby resign as	
of DEL MAR 2210, C	ORP.	(Title)	
P16000073010 (Document Number, if known)	of Corporation), a corporation organized under the laws	of the State of	
FLORIDA		2011	
		ZOIBNOV -5	
(Signature of resigning officer/director)	PH 3: 32 OF STAT	

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