P166000345431

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	<u> </u>	
		

Office Use Only



500293720625

01/03/17--01026--019 **35.00

FILED STATE

150

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dinglo One Corporation) DOCUMENT NUMBER: P1600095431
DOCUMENT NUMBER: 4 1600095431
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dian Corta Gorralez (Name of Person)
(Name of Firm/Company)
407 W29 Streat Hialech FC 33012
Hialech FC 33012 (City/State and Zip Code)
For further information concerning this matter, please call:
Diancala Gorzale L at (786) 532 7723 (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

, Diancala Gonzalez, hereby resign as YP	Title)		
of Dinglo One Corp Warne of Corporation)	·		,
P1600095431, a corporation organized under the laws of the Plovida	ne State	of	
	AL CRETA	2017 JAN -	<u>-</u>
Gignature of resigning officer/director)	RY OF STATE	3 47 10: 56	ED

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