Phonolynz

(Re	equestor's Name)			
(Ac	ldress) .			
· (Ad	ldress)	· ·		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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10 Resign

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Home Value Renovations Florida, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P17000014712
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Alejandro Jose Ondarza
(Name of Person)
(Name of Firm/Company)
4421 N Federal Highway, Suite 210
(Address)
Pompano Beach, Florida 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Alejandro Jose Ondarza at (305) 496-7045 (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

_{ı,} <mark>Alejandro Jose O</mark> r	ndarza _{. he}	reby resign as Vice F	President
of Home Value Rend			(Title)
	me of Corporation)		,
P17000014712 (Document Number, if known)	, a corporatio	n organized under the lav	vs of the State of
Florida	(Signature of resignature of resigna	ning officer/director)	18 APR 30

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

FILING FEE IS \$35.00

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