## P1700038912

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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04/05/18--01018--003 \*\*35.00

C. GOLDEN

APR - 9 2018

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 41 Pro Plunking Supplies Inc. (Name of Corporation)
DOCUMENT NUMBER: \$17-00038912
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ariel Martinez (Name of Person)
All the Plumbry Supplies Inc. (Name of Firm/Dompany)
1930 NW 21 Terrace (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Anel Markrez at 305 635-3002 (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, <u>Ridel Pino</u> , hereby res	ign as Secretory (Title)
of All Po Plumbing Supp (Name of Corporation)	lies, Inc.
D12000 02 (20 12	zed under the laws of the State of
<u> </u>	<sup>1</sup> 2 2018
Rend &	
(Signature of resigning office	er/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