## P170000 47295

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(C	ocument Number)	
Certified Copies	Certificates	of Status
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJI	PHO LAVIE CORPORATION (Name of Corporation)
DOCU	MENT NUMBER: P17000047295
	iclosed Officer Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
VII	NGUYEN
	(Name of Person)
PH	O LAVIE CORPORATION
	(Name of Firm/Company)
355	0 COCOLAKE DR
	(Address)
CO	CONUT CREEK FL 33073
<del></del>	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
VIN	NGUYEN at (754 ) 399-5601 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Divisio P.O. Bo	Iment Section Amendment Section On of Corporations Ox 6327 2061 Executive Center Circle Ussee, FL 32314 Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I	NGO	HONG	, hereby resign as	VICE	PRES.	
					(Title)	
oľ	PHO	LAVIE	CORPORATION			
	0		ame of Corporation)			
	17000	104729	5_, a corporation organized unc	ler the laws	of the State of	of
	(Document Num	oci, ii kilowii)				
	FLON	<u>IDA</u>				
			} . 1			
	_		h.M			
			(Signature of resigning officer/director	or)		
						F
					ن الشريد	5 M
						ù
			FILING FEF IS \$35.00			<u></u>

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