

P 17 0000 61 921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

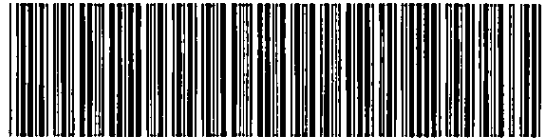
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRICEROD ENTERPRISE CORP

(Name of Corporation)

DOCUMENT NUMBER: P17000061921

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HORTENCIA CANAS

(Name of Person)

N/A

(Name of Firm/Company)

464 WESTREE LN

(Address)

PLANTATION, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

HORTENCIA CANAS at (954) 203-3701

(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

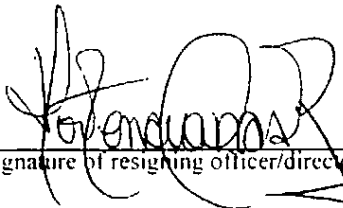
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HORTENCIA CANAS, hereby resign as VICE PRESIDENT
(Title)

of BRICEROD ENTERPRISE CORP
(Name of Corporation)

P17000061921, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/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

SEAL PART OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 31 AM 11:25

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