

PI7000063451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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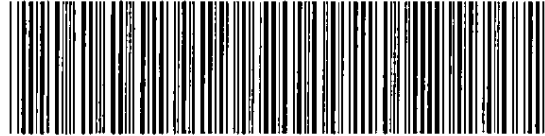
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SOUTH FLORIDA DANCE STUDIO INC  
\_\_\_\_\_  
(Name of Corporation)

DOCUMENT NUMBER: P17000063451  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

RUSLAN MESHKOV  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

SOUTH FLORIDA DANCE STUDIO INC  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Firm/Company)

5975 N FEDERAL HWY. STE 138  
\_\_\_\_\_

\_\_\_\_\_  
(Address)

FORT LAUDERDALE, FL 33308  
\_\_\_\_\_

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RUSLAN MESHKOV  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

at ( 518 ) 763 - 7240  
\_\_\_\_\_

\_\_\_\_\_  
(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, MARIIA MESHKOVA, hereby resign as OFFICER / VICE PRESIDENT  
(Title)

of SOUTH FLORIDA DANCE STUDIO INC  
(Name of Corporation)

P17000063451, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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**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