

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100306745751

12/19/17--01022--006 **35.00

R WHITE DEC 27 2017

FILED
FILED
FIREC 19 AH ID: 47

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FK MULTI-SERVICES CORP

(Name of Corporation)

DOCUMENT NUMBER: P17000070683

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

Please return all correspondence concerning this matter to the following:

KARLA DE SOUZA BORGES MOREIRA

(Name of Person)

FAMOSINHA NAILS

(Name of Firm/Company)

3451 NW 14 AVE #15

(Address)

POMPANO BEACH, FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

KARLA BORGES

(Name of Person)

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

KARLA DE SOUZA BORG	SES MOREIRA hereby resign as	VP
	· · · ·	(Title)
UI	TI-SERVICES COR	<u>P</u>
	(Name of Corporation)	
P17000070683 (Document Number, if known)	, a corporation organized unde	r the laws of the State of
FLORIDA		
	1 , , , ~	న్లోం ⊹చే
·	Laurine M.	12/13/QUE T
	(Signature of resigning officer/director	
		© A 10 €

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