## P12000/01339

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





500425579705

03/11/24--01033--006 \*\*35.00





## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

IGNITE SPORTS CENTER CORP SUBJECT:	
(Name of Corporation)	
DOCUMENT NUMBER: P17000101339	
The enclosed Officer/Director Resignation for a Corporation and fee a	re submitted for filing.
Please return all correspondence concerning this matter to the followir	ng:
VINICIUS ADAM	
(Name of Person)	
VADAM LAW	
(Name of Firm/Company)	() () (17) ()
511 SE 5TH AVE, SUITE 104	·
(Address)	· ·
FORT LAUDERDALE, FL 33301	
(City/State and Zip Code)	
For further information concerning this matter, please call:	mai t
VINICIUS ADAM 954 451-0792 at ()	
(Name of Person) (Area Code & Daytim	e 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

ELISEO RUIZ	PRESIDEN hereby resion as	PRESIDENT . hereby resign as		
	. Herody redigit do	(Title)	)	
IGNITE SPORTS CENTER C				
	(Name of Corporation)			
P17000101339 (Document Number, if known in the control of the cont	a corporation organized under the la	iws of the St	tate of	
FLORIDA	<del></del> ·			
			in the de	
Eli	seo Ruiz	:. 		
	(Signature of resigning officer/director)	<del>.</del> ; .	<u>::::</u> ::1	

## **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