

P18000013653

(Requestor's Name)

LANDMARK TITLE INSURANCE COMPA
(904) 998-9733
4540 SOUTHSIDE BLVD
JACKSONVILLE FL 322165488

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FT2FL CORP
(Name of Corporation)

DOCUMENT NUMBER: P18000013653

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

MARCO FLORES

(Name of Person)

Prestige Financial Advisors Inc

(Name of Firm/Company)

7400 Oak Ln Ste 400

(Address)

Miami Lakes FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Marco Flores

(Name of Person)

at (**305**) **364-5002**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

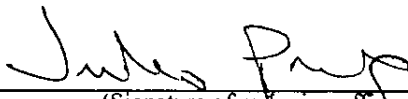
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JULIO PINALES, hereby resign as DIRECTOR
(Title)

of FT2FL CORP
(Name of Corporation)

P18000013653, 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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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