P1800819739

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(00	cument Number)	
(50	our rumber,	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
•		
		i

Office Use Only



000310697350

03/20/18--01027--010 **35.00

S TALLENT

MAR 2 1 2018



1 CD. Resign

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 17 Universe Corp. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Quoia 12. James (Name of Person)
(Name of Firm/Company)
10791 8W 645T E159. (Address)
Liami Florida 33183. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (NO) 213 1616. (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, _	Juan E Smi-HH, hereby resign as VP. (Title)		
of_	(Name of Corporation)		
	(Document Number, if known). a corporation organized under the laws of the State of	f	
	Florida.		
	(Signature of resigning officer/director)	20	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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