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(Requestor's Name) (Address) (Address)	800322532498
(City/State/Zip/Phone #)	01/09/1901004005 ++35.00
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TO: Amendment Section Division of Corporations

SUBJECT: LEMAR PRO SOLUTIONS CORP

(Name of Corporation)

DOCUMENT NUMBER: P18000041285

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

Please return all correspondence concerning this matter to the following:

Leonardo Farias

(Name of Person)

LEMAR PRO SOLUTIONS CORP

(Name of Firm/Company)

10072 Yellow Jasmine Drive

(Address)

Orlando, FL, 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

Leonardo Farias

(Name of Person)

at (<u>954</u>) 203-1638 (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



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