P18000045084

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(LC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
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SECRETARY OF STATE
ARASSEE FLORIDA

WIS 27 ?"

TRANSMITTAL LETTER

SUBJECT: ZAF ENTERPRISES CORP

(Name of Corporation)

DOCUMENT NUMBER: P18000045084

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

AUGUSTO RODRIGUES
(Name of Person)

(Name of Firm/Company)

3731 NW 19TH ST
(Address)

COCONUT CREEK FL 33066
(City/State and Zip Code)

For further information concerning this matter, please call:

AUGUSTO RODRIGUES

(Name of Person)

at (561) 402-5234
(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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, JOSE R PELLICCI	OTTI hereby resign as VICE-PRESIDENT	
	(Title)	
of ZAF ENTERPRISES CORP		
(Name	of Corporation)	
P18000045084	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

(Signature of resigning officer/director)

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

