

P180000087319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

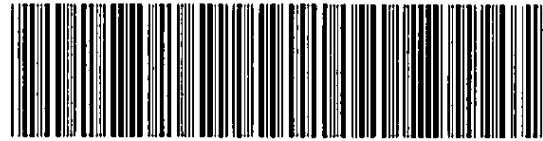
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 05 2019

S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

305 MIAMI VAPE SMOKE SHOP

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P18000087319 _____

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

Please return all correspondence concerning this matter to the following:

MATEO ESCOBAR

(Name of Person)

305 MIAMI VAPE SMOKE SHOP CORP.

(Name of Firm/Company)

6346 SW 8TH STREET

(Address)

WEST MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

MATEO ESCOBAR 954 661 5928

(Name of Person) at (_____) _____
(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**

HERNAN ESCOBAR

PRESIDENT


I, _____, hereby resign as _____
(Title)

305 MIAMI VAPE SMOKE SHOP CORP

of _____
(Name of Corporation)

P18000087319

_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA



(Signature of resigning officer/director)

FILED
19 JUN 21 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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