

PI9 000048751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

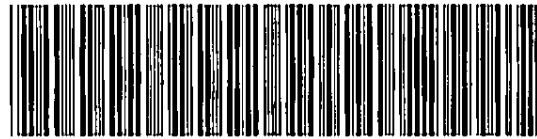
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600370037246

07/22/21--01015--001 *+35.00

2021 JUL 22 PM 1:02

CD/RES

AUG 10 2021

D CONNELL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ideal Comfort Hoteles SRLCV Corp

(Name of Corporation)

DOCUMENT NUMBER: P19000048751

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

Please return all correspondence concerning this matter to the following:

Maria E Monzon Roque

(Name of Person)

(Name of Firm/Company)

9460 Fontainebleau Blvd Apt. 520

(Address)

Miami FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria E Monzon

(Name of Person)

954

638 2001

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

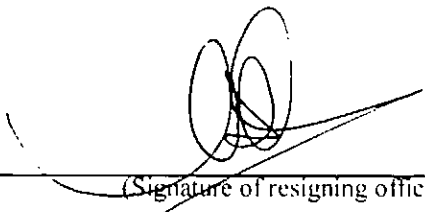
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA E. MONZON ROQUE, hereby resign as OFFICER/PRESIDENT
(Title)

of IDEAL COMFORT HOTELES SRLCV CORP
(Name of Corporation)

P19000048751, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2021 JUL 22 PM 1:02

FILED

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