## 7190000063665

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP W	AIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Cert	ificates of Status	
Special Instructions to Filing Officer:		





700335546617

10/15/18--01031--014 \*\*35.00

SECRETARY OF STATE PURSIONS OF CORPORATIONS

Olo Resignation

11011 1017 2019

D CUSHING

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

URLECT: GAHAGO, INC DBA 3 CUATES

(Name of Corporation)

DOCUMENT NUMBER: P19000063665

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 M HAUSMAN

(Name of Person)

GAHAGO, INC DBA 3 CUATES

(Name of Firm/Company)

3942 PEMBROKE ROAD B

(Address)

PEMBROKE PARK, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA M HAUSMAN

,,954 593-7437

(Name of Person)

(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

RICARDO GALINDO	, hereby resign as TREASURER
7	(Title)
of_GAHAGO, INC. DBA 3	•
(Name of Corporation P19000063665  (Document Number, if known)	ation organized under the laws of the State of
FLORIDA	
A COM	•
(Signature of re	esigning officer/director)

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