

P19000065416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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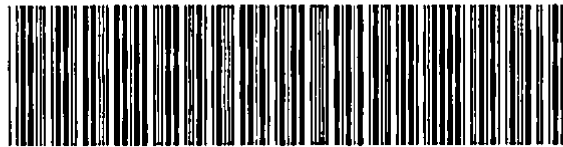
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 3 BEE US CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P19000065416  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

TAHIANA L XERFAN  
\_\_\_\_\_  
(Name of Person)

3 BEE US CORP  
\_\_\_\_\_  
(Name of Firm/Company)

00 BAYVIEW DR APR 325  
\_\_\_\_\_  
(Address)

UNNY ISLE BEACH, FLORIDA 33160  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TAHIANA L XERFAN  
\_\_\_\_\_ at ( 786 ) 781-8980  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, TAHIANA L XERFAN, hereby resign as MGM PARTNER  
(Title)

of 3 BEE US COORP  
(Name of Corporation)

P19000065416, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Tahiana L. Xerfan  
(Signature of resigning 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

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