PIGCCCOASCIN

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

(Name of Corporation)	
DOCUMENT NUMBER: P19000075008	
The enclosed Officer/Director Resignation for a Corporation and fee are su	ibmitted for filing.
Please return all correspondence concerning this matter to the following:	
MITCHELL KATZ	
(Name of Person)	
	•-• :.
(Name of Firm/Company)	
5351 N BAY ROAD	
(Address)	
MIAMI BEACH, FL 33140	CONTENTS OF THE
(City/State and Zip Code)	٦ ا
For further information concerning this matter, please call:	
MITCHELL KATZ (Name of Person) at (305) 987-1090 (Area Code & Daytime Te	
(Name of Person) (Area Code & Daytime Te	lephone Number)

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, MITCHELL KATZ	. hereby resign as VICE PRESIDENT	
		(Title)
FPEVIMA CORPORATION		
(Nam	ne of Corporation)	
(Document Number, if known)	, a corporation organized under the la	aws of the State of
19000075008	·	
		2027
- 1/-	(Signature of resigning officer/director)	7: 2:

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