Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : I20160000107 Phone : (954)475-1139

Fax Number : (954)475-2634

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: corp@snyderlawpa.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN MY KIND OF MODE, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: My Kind of Mode, Inc.				
	(Name of Cor	poration)		
DOCUMENT NUMBER: P200000	26098			
The enclosed Officer/Director Resig	gnation for a Corporat	ion and fee are submitted for	r filing.	
Please return all correspondence con	ncerning this matter to	the following:		
Yani Riveron, FRP				
(Name of Pers	on)	_		
Snyder & Snyder, P.A.			· 2	
(Name of Firm/Co	mpany)	<u> </u>	74.7 17.0	
7931 Orange Drive			2024 NOV - 7 SECHATAR TALLAHA	
(Address)			7	7
Davic, Florida 33328			OV-7 AM 9:53 LAHASSEE, FL	
(City/State and Zip	Code)	<u> </u>	FIA C	
For further information concerning t	this matter, please cal	1:		
Yani Riveron, FRP	954 at (475-1139		
(Name of Person)	(Area C	ode & Daytime Telephone Nun	nber)	
Enclosed is a check for \$35.00 made	e payable to the Floric	la Department of State.		
Station Address.	C			

Mailing Address:
Amendment Section

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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Luis Rodriguez	Director and Vice-President		
I,	, hereby resign as (Title)		
My Kind of Mode, Inc.			
(N	ame of Corporation)		
P20000026098 (Document Number, if known)	ame of Corporation), a corporation organized under the laws of the State of		
Florida	ARK O		
	9: 53		
	(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