PRO OOCO 4ZFZF

(Requestor's Name)
(Address)
(Address)
(Nadicsa)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinelit Nambel)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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07/29/20--01013--002 **35.00

SECRETARY OF STATE

5009/22/20

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Thily Louise Inc. (Name of Corporation) DOCUMENT NUMBER: P200000 42727
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
2900 MOISOT De Apt 133
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (917) 209 - 0756 (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:

TO: 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Carlos Pined	n, hereby resign as Resident
· · · · · · · · · · · · · · · · · · ·	(Title)
of	Thirty I Lounge Inc.
\circ	(Name of Corporation)
Y200000 4272	a corporation organized under the laws of the state of
(Document Number, if kno	wn)
Hurida	
	a la red
	(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

2020 JUL 29 AMII: 16