P20000047290

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone #	P)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name)
(Docu	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	
	·	<u></u>

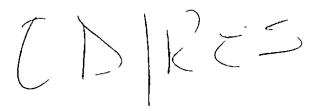
Office Use Only



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TRANSMITTAL LETTER

Division of Corporations		
EQUALDATA CORP SUBJECT:		
	(Name of Corporation)	
DOCUMENT NUMBER: P20000047290		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
ALEXANDER MORALES		
(Name of Person)		
EQUALDATA CORP		
(Name of Firm/Company)		
5960 NW 99TH AVE. UNIT 1		
(Address)		
DORAL, FL. 33178		
(City/State and Zip Code)		
For further information concerning this ma	itter, please call:	
ALEXANDER MORALES	at (305 873-35-78 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payab	ole to the Florida Department of State.	
Mailing Address: Amendment Section	Street Address:	
Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LUIS NUNEZ	E. DIRECTOR, hereby resign as	
·	(Title)	
EQUALDATA CORP		
-	(Name of Corporation)	
P20000047290 (Document Number, if know	, a corporation organized under the laws of the State of	
Florida	"	
	(S)gnature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314