## P20000075760

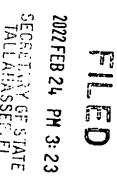
(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u></u>
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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02/24/22--01002--023 \*\*35.00



cf 3/2/2022

## TRANSMITTAL LETTER

SUBJECT: MIO MIC COCP (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: \$2000075760
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)
MIO MIO Corp (Name of Firm/Company)
222 Pindo Palm D1.  (Address)
Ponte Vedra F2 32081 (City/State and Zip Code)
For further information concerning this matter, please call:
1 Acc at (917) 225 2939 (Name of Person) at (917) 225 Z939 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

**Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

**Mailing Address:** 

P.O. Box 6327

Amendment Section

**Division of Corporations** 

Amendment Section Division of Corporations

TO:

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

OF OR A CORPORATION

OFFICER / DIRECTOR RESIGNATION

OFFICER / DIRE

FILING FEE IS \$35.00

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

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