P20000092260

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	

000397024930

1 14 1-502 --1 ++50.01

SECRETARY OF STITE

010 Resignat Ne

FEB 01 Z0Z3 D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

BLINDS & PLUS MANUFACTURING CORP

SUBJECT:

(Name of Corporation)

DOCUMENT NUMBER: P20000092260

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA A MORITZ

(Name of Person)

BLINDS & PLUS MANUFACTURING CORP

(Name of Firm/Company)

3438 W 84 STREET, UNIT 107

(Address)

HIALEAH GARDENS, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA A MORITZ (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

BARBARA O ARVELO I.	VP
	(Title)
BLINDS & PLUS MANUFA	CTURING CORP.
···	(Name of Corporation)
P20000092260	, a corporation organized under the laws of the State of
(Document Number, if kn	own)
FLORIDA	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

2022 NOV -4

<u>тк</u>

12:12

_____ _____

10

19

[7]

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

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