## P20000097111

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

TO: Amendment Section Division of Corporations	
EL SAZON DE PANCHI CORP SUBJECT:	
	(Name of Corporation)
DOCUMENT NUMBER: P2000009711	<u> </u>
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
YULIMAR DELGADO	
(Name of Person)	
EL SAZON DE PANCHI CORP	
(Name of Firm/Company	0
5881 W 18TH CT	
(Address)	<del></del>
HIALEAH, FL 33012	
(City/State and Zip Code	2)
For further information concerning this m	natter, please call:
YULMAR DELGADO	at ()
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ible to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

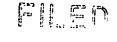
2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION



2022 JAH 19 AM 7: 39

LICETTY BETZABETH CACERES PASTRAN	hoedry evilor as	PRESIDENT	
	nercoy resign as	(Title)	
EL SAZON DE PANCHI CORP			
(Name of Corpora	tion)		
P20000097111a corpo (Document Number, if known)	oration organized unde	r the laws of the State of	
FLORIDA			
	· Fresigning 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