P21000019479

(Requestor's Name)		
(Nequesions Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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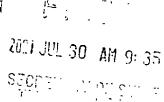
8/17/21

TRANSMITTAL LETTER:

TO: Amendment Section Division of Corporations	
SANIFRUIT USA INC.	
	(Name of Corporation)
DOCUMENT NUMBER: P210000	019479
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
PABLO CALATRAVA	
(Name of Per	rson)
XPORTA INC.	
(Name of Firm/C	Company)
1444 BISCAYNE BLVD. SUITE 212	
(Address)
MIAMI, FL 33132	
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
PABLO CALATRAVA	at (305 851 1236 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



HONRUBIA LUCAS, FRANCISCO I,	CEO , hereby resign as	
	, nerosy resign in	(Title)
SANIFRUIT USA INC.		
(Name	e of Corporation)	
P21000019479 (Document Number, if known)	, a corporation organized under the	laws of the State of
FLORIDA	·	
	<i>f</i> .	
Diet 10		
	(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