## PR1000031131

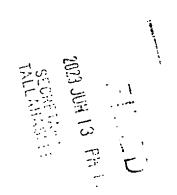
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
LUODNE	
J. HORNE AUG - 1 2023	





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06/13/28--01009--001 \*\*35.00



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## TRANSMIȚTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ALMACO CORP	
001000001124	(Name of Corporation)
DOCUMENT NUMBER: P21000031131	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
Maria Gimena Cardozo	
(Name of Person)	
ALMACO CORP	
(Name of Firm/Company)	
11213 SW 189 LN	
(Address)	<del></del>
Miami - Florida 33157	
(City/State and Zip Code)	<del></del>
For further information concerning this ma	atter, please call:
Maria Gimena Cardozo	at (703 473-1419 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payat	ole to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 ananassee, 1 L 32314	2413 IN. MOHIOC SUCCE, SUITC 610

Tallahassee, FL 32303

TO:

Maria Gimena Cardozo I.	Vice President , hereby resign as	
1,	, nereby resign as (Title)	
ALMACO CORP		
of(Name	of Corporation)	
P21000031131	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
	60	
<del></del>	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