P21 0000 50058

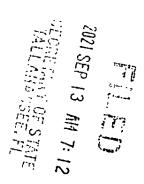
(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Ellis) Harriey		
(Document Number)		
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> **SEP 13 2021** 09/14/21--01013--004 **35,00



A. Butter

TRANSMITTAL LETTER

BJECT:PRIVATE STRATEGIC ALLIANCE INC (Name of Corporation)				
DOCUMENT NUMBER: P21000050058	(Name of	Corporation		
The enclosed Officer/Director Resignation	for a Corpe	oration and fee are submitted for filing		
Please return all correspondence concernin	g this matte	er to the following:		
LINO GONZALEZ				
(Name of Person)				
PRIVATE STRATEGIC ALLIANCE	INC			
(Name of Firm/Company)				
6303 BLUE LAGOON DR WATERFORI	O 494			
(Address)				
MIAMI FL 33126				
(City/State and Zip Code)				
For further information concerning this ma	tter, please	call:		
LINO GONZALEZ	305	609-6136		
(Name of Person)	at ((Arc	a Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made payab	ole to the Fl	orida Department of State.		
Mailing Address:	Şı	treet Address:		
Amendment Section	Ā	Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2021 SEP 13 AM 7: 12

LINO GONZALEZ	.}≦. Ā	CALLANA OF STATE RESIDENTSSEE, FL
LINO GONZALEZ I.	, hereby resign as	(Title)
		(TRIC)
PRIVATE STRATEGIC ALLIANCE		
(Nar	ne of Corporation)	<u> </u>
P21000050058 (Document Number, if known)	, a corporation organized under	the laws of the State of
FLORIDA		
	<u> </u>	
	(Signature of resigning officer/director)	
	(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