Pa100058546

(Rec	questor's Name)	
(Add	dress)	
(Ãdc	dress)	
(City	//State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
)/10 Resign

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S. CHATHAM SEP 13 2023

TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

MAPATO CO. SUBJECT: (Name of Corporation) P21000058546 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rafael Toledo (Name of Person) MAPATO CO (Name of Firm/Company) 11956 SW 81 LANE (Address) MIAMI, FL 33183 (City/State and Zip Code) For further information concerning this matter, please call: Rafael Toledo (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

(Name of Person)

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Rafael Toledo	President	President		
I,	, hereby resign as			
		(Title)	-	
MAPATO Co.				
of				
P21000058546	(Name of Corporation)		<u> </u>	
(Document Number, if kn Florida	own) a corporation organized under the law	vs of the State of		
	(Signature of resigning officer/director)	2023 Files 14 - All 9: 18	1 h	

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