## P21000599460

(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:		
JUI 24 JOHNE		





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07/11/24--01009--008 \*\*85.00

## TRANSMITTAL LETTER

SUBJECT:	Name of Corporation)
DOCUMENT NUMBER: P21000059480	
The enclosed Officer/Director Resignation fo	or a Corporation and fee are submitted for filing
Please return all correspondence concerning t	this matter to the following:
LUIS R. SMITH	
(Name of Person)	
TAXES USA LLC	
(Name of Firm/Company)	
5892 STIRLING RD # 4	
(Address)	
HOLLYWOOD, FL 33021	
(City/State and Zip Code)	<u> </u>
For further information concerning this matte	er, please call:
LUIS R. SMITH	305 470-2429
(Name of Person)	at () 470-2429 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	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

2024 J. J. S.D.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

BARBARA CASTELLANOS	PRESIDENT , hereby resign as	
1,	, hereby resign as (Title)	
COMPANY BM 2021 CORP of		
(:Na	ame of Corporation)	
P21000059480 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA		
	Bombard	
<del> </del>	(Signature of resigning officer/director)	

Make checks payable to Florida Department of State and mail to:

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