

P210000806a1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

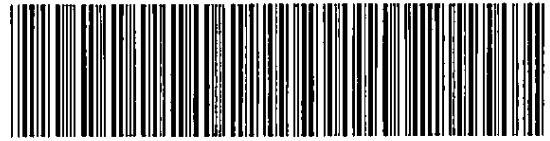
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500406081895

04/20/23--01016--007 **35.00

S. CHATHAM
JUN 29 2023

2023 APR 20 PM 2:53
S. CHATHAM

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA PERLA DEL RINCON DEL MAR #3, INC

(Name of Corporation)

DOCUMENT NUMBER: P21000080621

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

TONY PESTANO

(Name of Person)

BSSN

(Name of Firm/Company)

4612 N HIATUS RD

(Address)

SUNRISE FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

TONY PESTANO at (954 5780016)

(Name of Person) (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

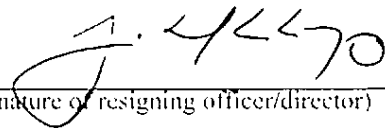
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JAME L. MAKINO, hereby resign as PRESIDENT
(Title)

of LA PERLA DEL RINCON DEL MAR # 3, INC
(Name of Corporation)

P21000080621, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

2023 APR 20 PM 2:54

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