## P21 000 083 408

(i	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	<del>-</del>
PICK-UP	☐ WAIT	MAIL
(1)	Business Entity Name)	<u> </u>
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER:	P21000083408	_
The enclosed Officer/Director Resignation	gnation for a Corporation and fee are submitted for fi	ling.
Please return all correspondence co	ncerning this matter to the following:	
KAREN GOODN	MAN	
(Name of Pers	on)	
BARROWS TAX S	ERVICE	
(Name of Firm/Co	mpany)	
948 SOUTH HW	Y 29	
(Address)		
CANTONMENT, FI	L 32533	
(City/State and Zip	Code)	2022
For further information concerning	this matter, please call:	
KAREN GOODMAN	850 968-9670	· - 19
(Name of Person)	(Area Code & Daytime Telephone Number	
Enclosed is a check for \$35.00 mad	e payable to the Florida Department of State.	, 4: 37

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

ſ,	GABRIEL MOYA	, hereby resign as (Title)
of		OMPANY OF FLORIDA of Corporation)
	P21000083408	, a corporation organized under the laws of the State of
	FLORIDA	
	× Sul	Must Man Signature of resigning officer director)  2723

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

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

FILING FEE IS \$35.00