

P21000102475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

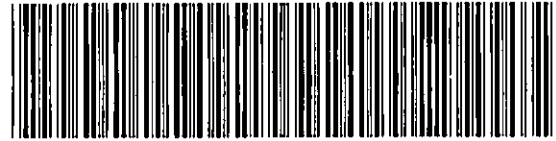
(Business Entity Name)

(Document Number)

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2023 FEB -8 PM 12:51

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MULTI CALIBRATIONS INC**

(Name of Corporation)

DOCUMENT NUMBER: **P21000102475**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GINO R CACERES

(Name of Person)

(Name of Firm/Company)

2565 UNIVERSITY PKWY APT 304

(Address)

SARASOTA, FL 34243

(City/State and Zip Code)

For further information concerning this matter, please call:

GINO R CACERES

(Name of Person)

at (**813**) **809. 3257**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

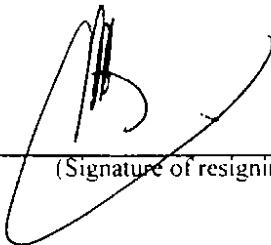
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MANUEL O CACERES, hereby resign as VICE PRESIDENT
(Title)

of MULTI CALIBRATIONS INC
(Name of Corporation)

P21000102475, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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