

P220000001958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

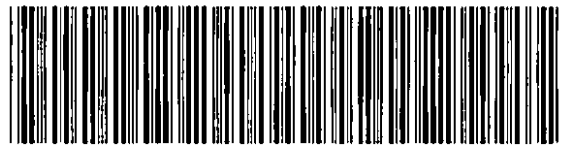
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Special Instructions to Filing Officer.

MD Resign

Office Use Only



400413595104

08/14/23--01024--024 \*\*35.00

S. CHATHAM

SEP 13 2023

2023 SEP 14 AM 9:18

09:14:12

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

KCW825

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P22000001958  
\_\_\_\_\_

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)

KCW825

\_\_\_\_\_  
(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

786

597-2924

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

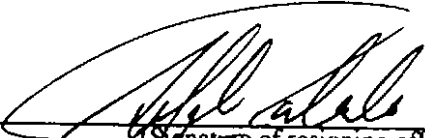
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

Rafael Toledo President  
I, \_\_\_\_\_, hereby resign as \_\_\_\_\_  
(Title)  
KCW825  
of \_\_\_\_\_  
(Name of Corporation)  
P22000001958  
\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida  
\_\_\_\_\_

  
\_\_\_\_\_  
(Signature of resigning officer/director)

2023 MAR 14 AM 9:18

**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