## 200 T5 101

(Re	equestor's Name)	
(Address)		
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	57 817/24	

Office Use Only



400432937744

08/07/24--01050--002 \*\*35.00

## TRANSMITTAL LETTER 🔩

Miami	
SUBJECT: Corp	
D220000151/11	(Name of Corporation)
DOCUMENT NUMBER: P22000015101	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	g this matter to the following:
Sofia Powell-Cosio	
(Name of Person)	
Sofia Powell-Cosio P.A.	
(Name of Firm/Company)	
1200 Brickell Avenue, Suite 520	
(Address)	
Miami, Florida 33131	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Sofia Powell-Cosio	305 579-9988
(Name of Person)	at ( Street Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ole to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section Division of Corporations

TO:

P.O. Box 6327

Tallahassee, FL 32314

## FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2024 AUG -7 AM 4: 39

SECRETARY OF STATE TALLAHASSEE, FL

SPC Management Services Inc., Sofia Powell-Cosio I,	, hereby resign as
·;	(Title)
2905 Miami Corp	
(Name of Corporati	on)
P22000015101 . a corpor	ration organized under the laws of the State of
(Document Number, if known)	<u>C</u>
Fłoirda	
Soya Porus 11 -	resigning officer/director)
(Signature of	resigning officer/director)

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