P2260026515

(Reque	estor's Name			
(Addre	ess)			
(Addre	ss)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document)	ment Number	<u> </u>		
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



100390869041

07/20/22--01011--018 **35.00

ALL PASSECT FINAL

OCT 1 8 2022 S. PRATHER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
SUBJECT	(Name of Corporation)
DOCUMENT NUMBER: P22000026518	· · · · · · · · · · · · · · · · · · ·
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing
Please return all correspondence concern	ing this matter to the following:
Aldo Minicilli	
(Name of Person)	
(Name of Firm/Compan	y)
2359 NW 138th Dr.	
(Address)	
Sunrise, FL 33323	
(City/State and Zip Code	e)
For further information concerning this n	natter, please call:
Alavro Patino	at (954) 5093745 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	able to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. . . .

Aldo Minicilli I,	Incorporator, hereby resign as		
<u> </u>	(1	Fitle)	
COFTAH CORP			
	e of Corporation)	,	
(Document Number, if known)	, a corporation organized under the laws of th	e State of	
Florida.			
	<u> </u>	2022 "Xill	
		2022 JUL 20	
		2 JUL 2	
	Maddifiniall	FE _	
	Signature of resigning officer/director)	PH 2	
		2: 24 DAGE ORIDA	

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