

P22 000032836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

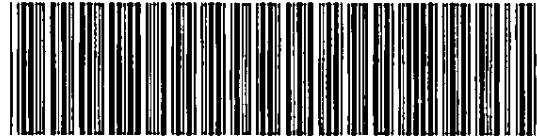
(Business Entity Name)

(Document Number)

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old Resignation

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEON AYLIN CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: P22000032836

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

AYLIN LEON BERMUDEZ

(Name of Person)

LEON AYLIN CORPORATION

(Name of Firm/Company)

2481 RIVERDALE DR. N

(Address)

MIRAMAR FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

AYLIN LEON BERMUDEZ at (786) 449-5008

(Name of Person) (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

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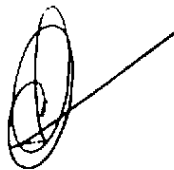
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALFREDO LEON, hereby resign as VP S
(Title)

of LEON AYLIN CORPORATION
(Name of Corporation)

P22000032836, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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

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