) TAIC (Requestor's Name) (Address) 500434626345 (Address) (City/State/Zip/Phone #) 08/12/24--01037--027 ++35.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ___ 2024 AUG 12 AM 11: 45 FILED Special Instructions to Filing Officer: J. HORNE 2024 AUG 19 2024

Office Use Only

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Fonda Los Parceros, INC

SUBJECT:

1

(Name of Corporation)

DOCUMENT NUMBER: P22000072107

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

Please return all correspondence concerning this matter to the following:

Tatiana Lasprilla

(Name of Person)

(Name of Firm/Company)

411 N Federal Hwy, Unit 513

(Address)

Hallandale Beach, FL, 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Tatiana Lasprilla

(Name of Person)

at (_____) (Area Code & Daytime Telephone Number)

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

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Tatiana Lasprilla I	President , hereby resign as	1014 AUG 12 AU
		(Title): A T
Fonda Los Percheros, INC of		5
(Nam	ne of Corporation)	,
P22000072107 (Document Number, if known)	, a corporation organized under the laws	s of the State of

Florida

. .

.

resigning officer/director) nature of

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