Paa 000082552

(Re	equestor's Name)	
(Ad	ldress)	
,	•	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Ñan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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CHATHANA 2023

07/05/23--01026--008 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

(Name of Corporation) DOCUMENT NUMBER: P22000082552 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: JOSE REVILLA-ALBO (Name of Person) MEDITERRANEAN CONSTRUCTION & CABINETS INC.
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: JOSE REVILLA-ALBO (Name of Person) MEDITERRANEAN CONSTRUCTION & CABINETS INC.
Please return all correspondence concerning this matter to the following: JOSE REVILLA-ALBO (Name of Person) MEDITERRANEAN CONSTRUCTION & CABINETS INC.
JOSE REVILLA-ALBO (Name of Person) MEDITERRANEAN CONSTRUCTION & CABINETS INC.
(Name of Person) MEDITERRANEAN CONSTRUCTION & CABINETS INC.
MEDITERRANEAN CONSTRUCTION & CABINETS INC.
(N Alliand Common)
(Name of Firm/Company)
20250 NE 25TH AVE
(Address)
MIAMI, F1. 33180
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSE REVILLA-ALBO 3053056713 at ()
(Name of Person) at (

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

JAIME GRIMBERG I.	PRESIDENT , hereby resign as	
•;	(Title)	
MEDITERRANEAN CONSTRUCTION of		
(Name	of Corporation)	
P22000082552	_, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
	Signature of resigning officer/director) Signature of resigning officer/director)	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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