

P24000022819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

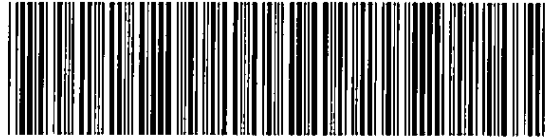
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JUL 22 2024

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Reslandfl Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P24000022819  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Juan Torne  
\_\_\_\_\_  
(Name of Person)

Reslandfl Inc  
\_\_\_\_\_  
(Name of Firm/Company)

1601 NE 191st St Apt 219  
\_\_\_\_\_  
(Address)

Miami FL 33179  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Torne  
\_\_\_\_\_ at ( 305 ) 458-5421  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alejandro Correa, hereby resign as Secretary  
(Title)

of Reslandfl Inc  
(Name of Corporation)

P24000022819, 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