

P92000006246

Requestor's Name

MR. COPIER

8121 N.W. 60th Street • Miami, FL 33166

City/State/Zip Phone #

400002908204--3
-06/17/99-01099-001
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

OFF REC
6-21-99
VMS

Examiner's Initials

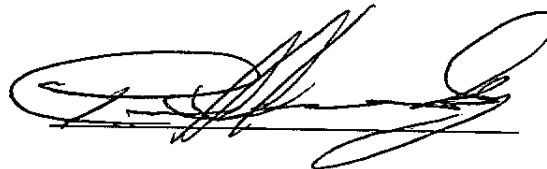
FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAN, SECRETARY OF STATE

OFFICER/DIRECTOR RESIGNATION

I, Raul Ramon Hernandez Jr. hereby resign as President

And DIRECTOR of Mr. Copier Inc organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation



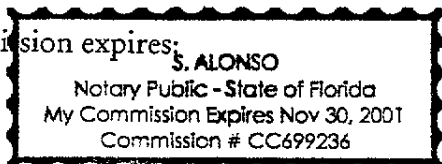
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I hereby certify that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgements personally appeared _____
To me well known to be the person described herein and who executed the foregoing instrument and acknowledged before me that the/she executed the same freely and voluntarily and produced a driver's license as identification.

Witness my hand and seal on this 3 day of June, 1999.


Notary Public of Florida at Large

My commission expires:



Prepared by:

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA
STATE DEPT OF STATE

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314