(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	#)		
PłCK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



08/04/14--01021--014 \*\*35.08

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Orphans, In	c.
	f Corporation)
DOCUMENT NUMBER: <u>P9300000</u>	5592
The enclosed Officer/Director Resigna	tion for a Corporation and fee are submitted for
filing. Please return all correspondence	e concerning this matter to the following:
Fred C. Schwartz	(Name of Person)
(Name of Firm/Compar	
2326 EAST 7 <sup>TH</sup> AVE	• *
(Address)	<del> • </del>
Tampa, Florida 33605	, )
(City/State and Zip Cod	le)
For further information concerning this	s matter, please call:
Fred C. Schwartz	at (813) 505-7796
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made page	ayable to the Florida Department of State.
Mailing Address	Street Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32301

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>DANIEL SANTIAGO</u>	, hereby resign	as President	t, Secretary,	Treasurer	and
<u>Director</u>					
			(Title)		
of <b>Orphans, Inc.</b>					
	(Name of Corporation	on)			
P93000005592	, a corporation	organized 1	under the	laws of	the
State of (Document Number, if known)					
FLORIDA					
	12/11				
(Sis	gnature of resigning offic	er/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