## P93000031390

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e) ;
	ocument Number)	1
Certified.Copies	_ Certificates	of Status :
Special Instructions to	Filing Officer:	
·		

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DD) RES (10)09

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
	DIVISION OF CORDORATIONS

SUBJECT: THE WRITE BOUTIQUE TWO
(Name of Corporation)

DOCUMENT NUMBER: 19300031396

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

Please return all correspondence concerning this matter to the following:

MARTIN ALMAN
(Name of Person)
ALMAN ACCOUNTING + TAX SERVER (Name of Firm/Company)
(Name of Firm/Company)
17290 NE 19Th AVE
(Address)
NORTH MAMI BEACHER 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN ACMAN at (365) 944535.3

(Name of Person) Area Code & Daytime Telephone Number

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. JOYCE WOH	, hereby resign as ALEGOR + SECRETA	ey.
of THE WRITE B	(Title)	/
PG3000031396 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORISA	·	

(Signature of resigning officer/director)

SECRETARY OF STATE A
TALLAHASSEE FLORIDA
19 SEP -8 PM 3: 23

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

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