

P94000057485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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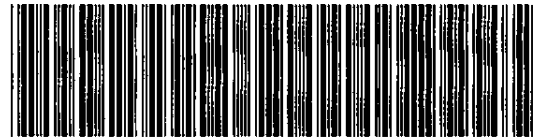
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.

TB

OCT - 5 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROVINCIAL ENTERPRISES, INC
(Name of Corporation)

DOCUMENT NUMBER: P94000057485

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

Please return all correspondence concerning this matter to the following:

ALEJANDRA C. GORRIN
(Name of Person)

(Name of Firm/Company)

6925 NW 52 STREET
(Address)

MIAMI FLORIDA 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRA C GORRIN at (786) 556 9160
(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**

I, JUAN GORRIN, hereby resign as DIRECTOR
(Title)

of PROVINCIAL ENTERPRISES, INC.
(Name of Corporation)

P94000057485, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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