

P96 000058912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

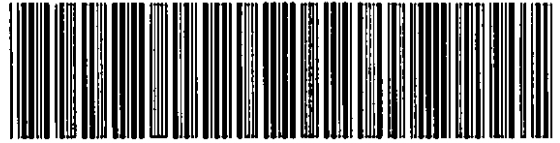
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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010-R-515M

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Orhama, Inc.

SUBJECT: _____
(Name of Corporation)

196000058912

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

DAVID Cohen
(Name of Person)

(Name of Firm/Company)

18671 Collins Avenue # 702
(Address)

Sunny Isles, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

David Cohen

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200 7615

[Signature] at (_____) _____
(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**

David Cohen

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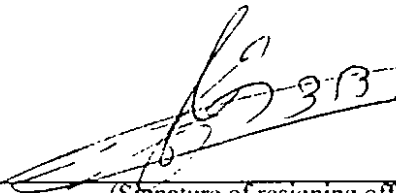
I, _____, hereby resign as _____
(Title)

Orhama, Inc.

of _____
(Name of Corporation)

196000058912

_____, 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

2020 MAY 18 PM 4:05