

P96 000093153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

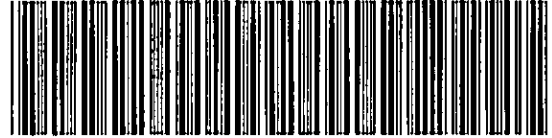
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRIWAY CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000093153

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

VAZQUEZ, MIGUEL R

(Name of Person)

*TRIWAY CORPORATION*  
(Name of Firm/Company)

9940 NW 49 TERR

(Address)

MIAMI, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

VAZQUEZ, MIGUEL R

at ( 305 ) 3215890

(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

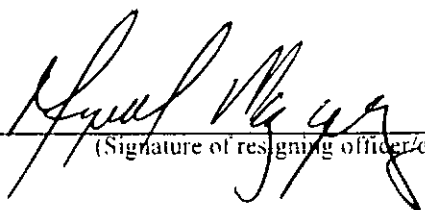
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, VAZQUEZ, MIGUEL R, hereby resign as STD  
(Title)

of TRIWAY CORPORATION  
(Name of Corporation)

P96000093153, 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