## P97000049/28

(Re	equestor's Name)					
(Ad	dress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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		ļ				

Office Use Only

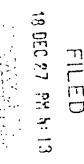


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1 DResign



## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Crosli Corporation)  Name of Corporation)  DOCUMENT NUMBER: P97000049128
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ernesto A. Perez
(Name of Firm/Company)
5700 NW 2rd Ave (Address)
Micimi, PC 33127 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305), 934-6454 (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>?</u>	barbara	Perez		, hereby re	sign as	Tieasu	rer U.P.	<u>, DS</u> T
of(	Erresli	Corporat	i OV me of Corpor	ration)				<u> </u>
		9128 per, if known)			nized unde	er the laws o	f the State of	
	Florida		·					
,	_	Pac	Signature	of resigning offi	cer/director	<del>.</del> )	18 DEC 27	=
			FILING	FEE 18 \$35.	00		PH 4: 13	

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

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314