P98000005230

· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
(Business Entity Name)		
<u></u>	(Document Number)	
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TRANSMITTAL LETTER , .

Division of Corporations	
SMITH & HOPEN, P.A. SUBJECT:	
	(Name of Corporation)
DOCUMENT NUMBER: P98000005230	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Anton Hopen	
(Name of Person)	
Smith & Hopen PA	
(Name of Firm/Company)	
180 Pine Avenue North	
(Address)	
Oldsmar, FL 34677	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Anton Hopen	at (813 925-8505 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35,00 made payab	ole to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Andriy Lytvyn L	Vice President, hereby resign as	
	Title)	
Smith & Hopen, P.A.		
'' <u></u>	(Name of Corporation)	
298000005230 (Document Number, if known	, a corporation organized under the laws of the State of	
florida	<u>.</u>	
hadrin to d		
Andriy Lyt	yn er en	
	(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