## P98000015708

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
□ BICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
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(Δο	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## TRANSMITTAL LETTER

SUBJECT: Resignation of an Officer	(Name of Corporation)	
DOCUMENT NUMBER: Best Home Service	es Inc	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing	
Please return all correspondence concernir	g this matter to the following:	
Fernando Suarez		
(Name of Person)		
Best Home Services Inc		
(Name of Firm/Company)	<del></del>	
5951 NW 173 Dr Suite # 6		
(Address)		
Miami, FL 33015		
(City/State and Zip Code)		
For further information concerning this ma	itter, please call:	
Fernando Suarez	954 655 3218	
(Name of Person)	at ()  (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payab	ole to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	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 Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Juan Suarez	hambu rasiga as		
	hereby resign as (	Title)	
Best Home Services Inc			
	(Name of Corporation)		
(Document Number, if kno	a corporation organized under the laws of th	e State of	
P98000015708			
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<del></del>	(Signature of rosigning officer/director)	<del>نا</del> ن	
	FILING FEE IS \$35.00	1:0	

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314