

P98000068848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600171467096

03/10/10--01036--009 **35.00

FILED
10 MAR 10 PM 1:42
STATE
TALLAHASSEE, FLORIDA

OK
3/10/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: W. I. I. F. M. Inc.
(Name of Corporation)
DOCUMENT NUMBER: P98000068848

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

Please return all correspondence concerning this matter to the following:

MAYDA AVILA
(Name of Person)

180 ISUA DORADA BLVD.
(Address)

CORAL GABLES FL 33143.
(City/State and Zip Code)

For further information concerning this matter, please call:

MAYDA AVILA at (305) 302-1523
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAYDA AVILA, hereby resign as DIRECTOR
(Title)

of W. I. I. F. M. INC.
(Name of Corporation)

P98000068848, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Mayda Avila
(Signature of resigning officer/director)

FILED
10 MAR 10 PM 1:42
TALLAHASSEE, FLORIDA

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