1990000515

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



600258382486

04/04/14--01007--012 **35.00

UDPES

APR 10 2014

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Meridian Hotel Corp.

(Name of Corporation)

DOCUMENT NUMBER: P99000005155

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

Please return all correspondence concerning this matter to the following:

Chapman Smith, Esq.

(Name of Person)

Chapman Smith & Associate, PLC

(Name of Firm/Company)

2699 Stirling Road, Suite A-201

(Address)

Ft. Lauderdale, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

Chapman Smith, Esq. at (954) 981-3249 (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 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} Leonel Perez	V. President, hereby resign as	, hereby resign as(Title)	
of Meridian Hotel Co	me of Corporation)		
P9900005155 (Document Number, if known)	, a corporation organized under the laws o	of the State of	
Florida			
	(Signature of resigning officer/director)	TALLARS	
	(Signature of fesigning officer/director)	# W 2	

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