## 

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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	Office Use Only	'



05/07/10--01028--010 \*\*35.00





## **COVER LETTER**

SUBJECT: OFFICE & Resignation For Taw of South Florida Inc

(Name of Corporation)

DOCUMENT NUMBER: P 75 00 0 10 0 717

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

Please return all correspondence concerning this matter to the following:

Fig. H. Somia Gover (Name of Firm/Company)

Po Pox 770673

(Address)

Migmi F1 75177

(City/State and Zip Code)

For further information concerning this matter, please call:

Fig. H. Somia Gover (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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Eva H. DominGuez, hereby resign as Prosident
(Title)
of TAW OF South Florida Inc. (Name of Corporation)
(Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
Florida
(Signature of resigning officer/director)
(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