

V24659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

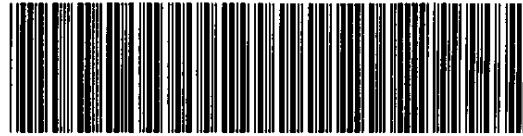
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: FIMA INC.
(Name of Corporation)

DOCUMENT NUMBER:
V24659

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ROMAN TELLER
(Name of Person)

FIMA INC
(Name of Firm/Company)

290 174th ST, #602
(Address)

Sunny Isles Beach, FL 33160
(City State and Zip Code)

For further information concerning this matter, please call:

ROMAN TELLER at (305) 931-2789
(Name of Person) Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made 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, POLINA TELLER, hereby resign as DIRECTOR / SECR.
(Title)

of FIMA INC.
(Name of Corporation)

V24659 a corporation organized under the laws of the State of
FLORIDA.

Polina Teller

(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
PO Box 6327
Tallahassee, Florida 32314

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