V65439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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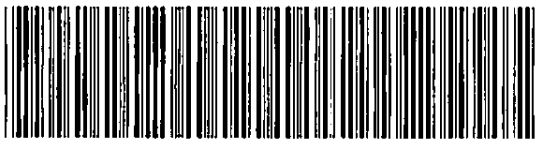

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TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fabre Design Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: V65439

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

Please return all correspondence concerning this matter to the following:

Robert L. Schimmel, Esq.
(Name of Person)

Schimmel, P.A.
(Name of Firm/Company)

701 Brickell Avenue, Suite 1550
(Address)

Miami, Florida 33131
(City/State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Robert L. Schimmel at (305) 907-6012
(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Alvaro Fabre, hereby resign as Vice President and Director
(Title)

of Fabre Design Group, Inc.
(Name of Corporation)

V65439
(Document Number, if known), a corporation organized under the laws of the State of

Florida.

(Signature of resigning officer/director)

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TALLAHASSEE, FL

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