L51337

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (Address) | | | | | | | |
| , | | | | | | | |
| (C)-10)-1-17-19 | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| | | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| (2004) | | | | | | | |
| 0.45 10.5 | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| | | | | | | | |

Office Use Only



000081325240

11/03/06--01006--004 **35.00





COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: L.A.B Investments of South Florida, INC (Name of Corporation) |
| DOCUMENT NUMBER: L51337 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Rodolfo Rodriguez (Name of Person) |
| L.A.B Investments of South Flori DA, Inc. (Name of Firm/Company) |
| 612 S.w. 31 ave (Address) |
| MiAmi, FL 3313S (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Rodolfo Rodriguez at (786) 374-5848 (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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Vicente | Fernande | 2 | _, hereby resign as | Vice Presid | dent & Secr | etary |
|-----|------------------------|-----------------|--------------------------|------------------------|------------------|---------------------|-------|
| of_ | L.A | | ments ne of Corporati | of South | FloriDA, | Inc. | , |
| | _51337 (Document Nu | mber, if known) | • | oration organized u | nder the laws of | the State of | |
| | FloriDA | | · | | | | |
| | | | ી | | | 7.6 Se 06 | |
| | | | (Signature of | resigning officer/dire | ector) | NOV ORE IA | FI |
| | | | (\ | V | | RY OF SESSEE, FLO | ILED |
| | | | | | | 3: 2: ORID | |

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314