

No 3000001901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

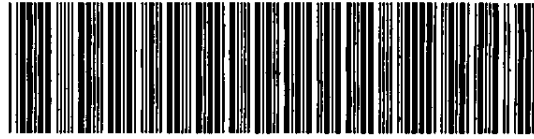
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: MEMORIAL CUBANO, INC.

(Name of Corporation)

DOCUMENT NUMBER: N03000001901

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

FRANCISCO GARCIA

(Name of Person)

(Name of Firm/Company)

6550 S.W. 40 ST.

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

EMILIO SOLERNOU at (786) 346-5141
_____, (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

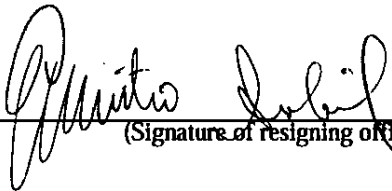
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, EMILIO SOBIL, hereby resign as VS/D _____
(Title)

of MEMORIAL CUBANO, INC. _____
(Name of Corporation)

N03000001901 _____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA _____



(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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