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(City/State/Zip/Phone #)

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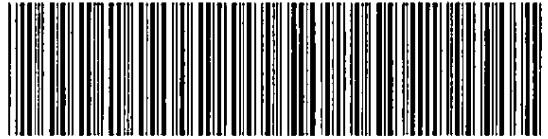
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*[Handwritten signature]*

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LOPEZ-ACUNA ENTERPRISES, INC.  
\_\_\_\_\_  
(Name of Corporation)

DOCUMENT NUMBER: P01000025259  
\_\_\_\_\_

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

Alvarado, Maria Mercedes  
\_\_\_\_\_  
(Name of Person)

LOPEZ-ACUNA ENTERPRISES, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

1081 WEST 46TH STREET  
\_\_\_\_\_  
(Address)

HIALEAH, FL 33012  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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:**

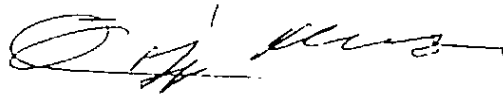
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Oscar Lopez, hereby resign as Director  
(Title)

of Lopez-Acuna Enterprises, Inc.  
(Name of Corporation)

P01000025259, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida



\_\_\_\_\_  
(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