(Re	equestor's Name)		
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·	
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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10/20/14--01028--023 **35.00



TRANSMITTAL LETTER

Division of Corporations SUBJECT: los alex's multiserices inc (Name of Corporation) DOCUMENT NUMBER: P10000095146 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MERCEDES DEBORA-REYES (Name of Person) SHALOM BUSINESS & ACCOUNTING (Name of Firm/Company) 3251 SW 67 AVENUE MIAMI, FL 33155 (City/State and Zip Code) For further information concerning this matter, please call: MERCEDES DEBORA-REYES (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

> Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:

P.O. Box 6327

Amendment Section
Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, ALEXANDER LEM	US, hereby resign a	PRESIDENT/SECRETARY
*,	, neresy resign a	(Title)
of LOS ALEX'S MULT	ISERVICES IN	IC
	of Corporation)	
P10000095146 (Document Number, if known)	, a corporation organized (under the laws of the State of
FLORIDA		
yt man) (c) (c) (c) (c) (d) (d)	PREST TOTAL TO A
2//28	Lop	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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