

P10000095766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRAINING LICENSING CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000095766

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

Please return all correspondence concerning this matter to the following:

NELSON CABALLERO

(Name of Person)

ALBERNI, CABALLERO & COMPANY, LLC

(Name of Firm/Company)

4649 PONCE DE LEON BLVD., #404

(Address)

CORAL GABLES, FLORIDA 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

NELSON CABALLERO

(Name of Person)

at (786) 208-6077

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2011

NELSON CABALLERO
ALBERNI, CABALLERO & COMPANY, LLC
4649 PONCE DE LEON BLVD., #404
CORAL GABLES, FL 33146

SUBJECT: TRAINING LICENSING CENTER, INC.
Ref. Number: P10000095766

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 911A00025822

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

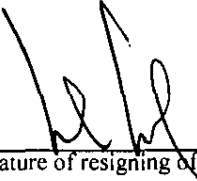
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TALLAHASSEE FLORIDA

I, NELSON CABALLERO, hereby resign as DIRECTOR
(Title)

of TRAINING LICENSING CENTER, INC.
(Name of Corporation)

P10000095766, 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