

P1400000187006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

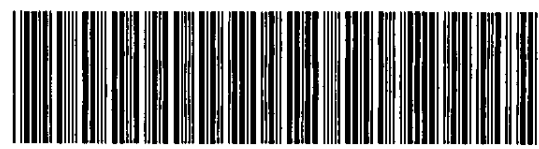
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LCLM2112 CORP.

(Name of Corporation)

**DOCUMENT NUMBER:** P14000018766

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

Please return all correspondence concerning this matter to the following:

**Alvaro Castillo**

(Name of Person)

**Castillo & Associates**

(Name of Firm/Company)

**1390 Brickell Avenue Suite 200**

(Address)

**Miami, FL 33131**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Alvaro Castillo**

(Name of Person)

at ( **305** ) **371-5540**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301



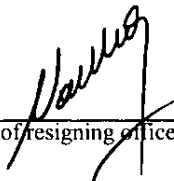
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Martin Mas, hereby resign as Director  
(Title)

of LCLM2112 CORP.  
(Name of Corporation)

P14000018766, 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

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