8000054089

(Requestor's Name)			
(Address)			
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	SJECT: LA CONCEPTS INC
	(Name of Corporation)
DO	CUMENT NUMBER: P98000054089
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
MA	RCOS REZENDE
	(Name of Person)
cs	G - CAPITAL SERVICES GROUP INC
	(Name of Firm/Company)
446	S W HILLSBORO BLVD
	(Address)
DE	ERFIELD BEACH, FL 33441
	(City/State and Zip Code)
For t	further information concerning this matter, please call:
MAI	RCOS REZENDE at (954) 427-4770 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	et Address: Indment Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, FRANKLIN F. PEREIRA	, hereby resign as DIRECTOR	
	(Title)	
of LA CONCEPTS INC		
(Name of	Corporation)	
P98000054089	, 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

SECRETARY OF STATE

AND