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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

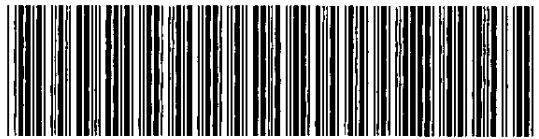
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV - 8 PM 12: 35

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OFFICER RESIGNATION FROM:
LATINO II INSURANCE AGENCY, INC
(Name of Corporation)
PED ID # 59-3541630

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

NANCY C. LEYVA
(Name of Person)

LATINO II INSURANCE AGENCY, INC
(Name of Firm/Company)

6281 "A" WEST WATERS AVE.
(Address)

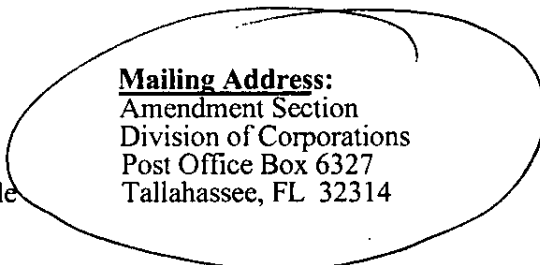
TAMPA, FL 33634
(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY C. LEYVA at (813) 900-2265
(Name of Person) (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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LILIANA CABALLERO, hereby resign as VICE PRESIDENT / TD
(Title)

of LATINO II INSURANCE AGENCY, INC
(Name of Corporation)

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

FLORIDA



(Signature of resigning officer/director)

LILIANA CABALLERO

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 NOV -8 PM 12:35

Effective 12/31/05

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