

P98000103532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

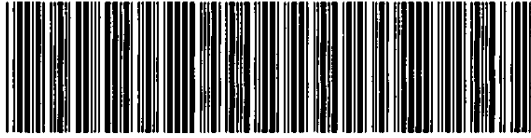
(Business Entity Name)

(Document Number)

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10 APR -2 AM 10:19  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LATINO II INSURANCE AGENCY, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000103532

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)

8220 HANLEY RD  
(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**

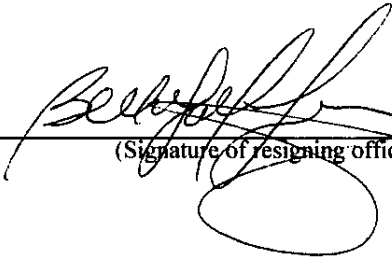
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TALLAHASSEE, FLORIDA

I, BELKYS J. LEON, hereby resign as SECRETARY  
(Title)

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

P98000103532, 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