P1000005 7931

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

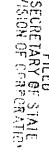
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13 OCT 15 AM 10: 45





TRANSMITTAL LETTER

April Latam Assistance, Corp. (Name of Corporation) DOCUMENT NUMBER: P10000007931 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Renee Adwar, Esq. (Name of Person) Renee Adwar P.A. (Name of Firm/Company) 848 Brickell Avenue Suite 830 (Address) Miami, Florida 33131 (City/State and Zip Code) For further information concerning this matter, please call: Renee Adwar (Name of Person)

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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Thibaud LeCompte	hereby resign as President (Title)		
	(Title)		
of April Latam Assistan	<u> </u>	·	
P1000007931 (Document Number, if known)	Corporation) a corporation organized under the laws of the State of		
Florida			
(Sig	nature of resigning officer/director)	SECRETARY SECRETARY SEVISION OF CO	
		AM 10: 45	

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