NO200002997

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400080859834

Off Resign.

10/17/06--01033--013 **35.00

COVER LETTER

Division of Corporations
SUBJECT: La Roca INC (Name of Corporation)
DOCUMENT NUMBER: NO20000 2997
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CArmen Sauchez (Name of Person)
LA ROCA INC (Name of Firm/Company)
4520 S W 36 St (Address)
Holly wood FL 33023 (City/State and Zip Code)
For further information concerning this matter, please call:
Carmer Sauchez at (954) 964-3594 (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
Post Office Box 6327
Tallahassee, FL 32314

·

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CArmen SANChez, hereby resign as D.
(Title)
of LA Roca, IMC. (Name of Corporation)
No 2000 2997, a corporation organized under the laws of the State of (Document Number, if known)
Florida
Carmen Sanchez
(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