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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Corporations
SUBJECT: THE TIBETAN INSTITUTE & LIBRARY, INC. (Name of Corporation)
DOCUMENT NUMBER: NO300001239
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SILVIA SARASUX (Name of Person)
(Name of Firm/Company)
P.O. Box 140117 (Address)
CORAL GABLES, FL 33114 (City/State and Zip Code)
For further information concerning this matter, please call:
SILVIA SAPASUX (Name of Person)  at (305) 322-2818 (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

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SILVIA	SARASUA	, hereby i	esign as DIR	ECTOR	
				(Title)	
of THE TI	BETAN INSTA	TUTE 5 A	I BRARY	, INC.	,
1102 100		orporation)			
(Document)	Number, if known)	a corporation orga	anized under the l	aws of the Sta	ite of
FLORIDA					
/		Augustature of resigning of			
	DATE : APRI	L 23, 20	012		DIVIS 12
		•			VISION OF
					ARY CONFICON
	FIL	ING FEE IS \$35	5.00		<b>PH</b> (200

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: