N0300008/02

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



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SECRETARY OF STATE
TALLAHASSEE FISIALE

Officer Resign Crin Muchy 12/12/07

COVER LETTER

Division of Corporations
SUBJECT: Labor Power Employment & Training in (Name of Corporation) DOCUMENT NUMBER: NO300008102
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joe Castranova (Name of Person)
Labor Power Employment & Training Inc. (Name of Firm/Company)
13899 Biocayne Blvd #311 (Address)
North Miami Blach, Fl 33181 (City/State and Zip Code)
For further information concerning this matter, please call:
Mevin Humes at (780, 2-22-3314 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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

FILING FEE IS \$35.00

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