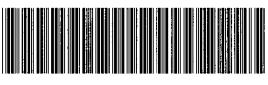
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(Requestor's Name) (Address)		
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(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		06/29/0901021008 **3
· (Business Entity Name)		· ,
(Document Number)		7 .
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Division of Corporations
SUBJECT: HISTON Hands Hermanas, Inc. (Name of Corporation) DOCUMENT NUMBER: NO6 000000811
DOCUMENT NUMBER: 1006 000000811
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Luisa Ortega, SFO (Name of Person)
Mislon Manos Hermanas, Enc. (Name of Firm/Company)
10431 SW 88 St., D-102 (Address)
Hiami, H. 33176 (City/State and Zip Code)
For further information concerning this matter, please call:
Quisi Ostosa, SFO at (786) 291-5741 (Name of Person) at (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 STORY PARTS OF STATE OF ST

I, Luisa Ottega, SFO, hereby resign as_	DST ORIGA
of Misión Hanos Hermanas.	(Title)
(Name of Corporation)	
(Document Number, if known), a corporation organized und	der the laws of the State of

(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