## N06000002422

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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OT SEP 25 AM II: 02 SECRETARY OF STATE

T. Roberts OCT 0 1 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporation	IS .
SUBJECT: OFFICER'S RE	SIGNATION
	(Name of Corporation)
DOCUMENT NUMBER:	N06000002422
The enclosed Officer/Director I	Resignation for a Corporation and fee are submitted for filing.
Please return all correspondenc	e concerning this matter to the following:
JOHAN TORO	
(Name of	Person)
POR AMOR AL NINO, INC	
(Name of Fire	n/Company)
2800 S ORANGE BLOSSO	MTRAIL
(Addr	ess)
ORLANDO, FLORIDA 3283	35
(City/State an	d Zip Code)
For further information concern	ing this matter, please call:
CAMILA MURIEL D/B/A/ IM	MIGRANTS' at (407) 384-3331 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 i	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:

## OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 07 SEP 25 AM | 1:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, hereby resign as Vice-President
(Title)
of Corporation)
_, a corporation organized under the laws of the State of
_•
My Tono ignature 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