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	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
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	To: Division of Corporations Fax Number : (850)617-6380	DIVISION 16 JAN
	From: Account Name : SERVICIOS COMUNITARIOS LATINOS INC Account Number : 120080000080 Phone : (305)642-1090 Fax Number : (305)642-1010	FILED ETARY OF STA LOF CORPANA V 13 AM 9:
Ent	ter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.	
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t 3	CENTRO DE ORIENTACION DEL INMIGRANTE, INC.	
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TRANSMITTAL LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: CENTRO DE ORIENTACION DEL INMIGRANTE, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: N0600005293	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
INDIRA LANDAETA	
(Name of Person)	
	1)
(Name of Firm/Company)	
3065 W. FLAGLER ST	
(Address)	
MIAMI, FL. 33135	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
INDIRA LANDAETA ,786 326-4487	
(Name of Person) at (700) 320-4407 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Mailing Address: Street Address: Amendment Section Amendment Section	
Division of Corporations P.O. Box 6327 Division of Corporations 2661 Executive Center Circle	
Tallahassee, FL 32314 Tallahassee, FL 32301	

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CRZE044 (05/13)

OFFICER /	DIRECTOR RESIGNATION	SECRETARY OF STATE
I INDIRA LANDAETA	, hereby resign as	ICE PRESIDENT
	TACION DEL INN	IIGRANTE, INC.
(N06000005293 (Document Number, if known)	_, a corporation organized und	r 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

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