## NO800000530

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





800134402118

08/18/08--01050--008 \*\*35.00

OB AUG 18 PM 3: 54
SECRETARY OF STATE
ANASSEE, FLORIDA

of Resign

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: Latin American Rescue Mission
	(Name of Corporation)
DOC	UMENT NUMBER: 06 18 34 023
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
	Linda Molina
	(Name of Person)
	Latin American Rescue Mission
	(Name of Firm/Company)
	835 N.E. 127 Street
	(Address)
	Miami, FL 33161
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Lin	da Romero at ( 305 ) 342-8163 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ĭ.	Ernestina Herenandez Ho	oyos, hereby resign as	Director	
-,			(Title)	
of	Latin American Rescue Mission INC			
	(Name of Corporation)			
	061834023	, a corporation organized under the laws of the State of		
	(Document Number, if known)	, w co.po.a		
	Florida			

FILING FEE IS \$35.00

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

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