

108000002524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

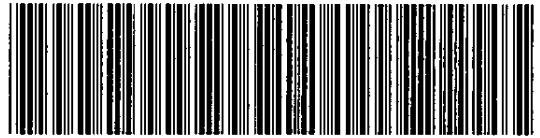
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]

MARCH 31, 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARTIDO LIBERAL, INC
(Name of Corporation)

DOCUMENT NUMBER: NO8 00000 2524

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CONNY DUARTE
(Name of Person)

PARTIDO LIBERAL, INC.
(Name of Firm/Company)

3888 NW 4th ST
(Address)

Miami, FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Roberto Orozco at (305) 785-7722
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROBERTO OROZCO, hereby resign as DIRECTOR
(Title)

of PARTIDO LIBERAL, INC.
(Name of Corporation)

NO8000002524, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Roberto Orozco
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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