M0900010887

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





600207648036

05/17/11--01014--025 **35.00

A / Did bergo



M5-24-4

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cuban Liberty Fund, Inc. (Name of Corporation)
DOCUMENT NUMBER: N 090000 10887
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alberto Luzarraga (Name of Person)
(Name of Firm/Company)
17001 Sw 188 St (Address)
Miami, F.L. 33187 (City/State and Zip Code)
For further information concerning this matter, please call:
Alberto Luzairaga at (305) 2595205 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Alberto Luzgiraga, hereby resign as Secretary (Title)
of Cuban Liberty Fund Inc. (Name of Corpbration)
Nogooo 10887, a corporation organized under the laws of the State of (Document Number, if known)
FlorioA

(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