## M10000004763

(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:				

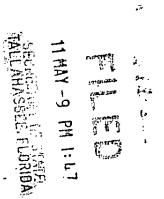
Office Use Only



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My Rin Resign



M 5-16-11

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

LIATIAN ANGEDICA	AN COMMUNITY CENTED
SUBJECT: HATIAN AMERICA	(Name of Corporation)
DOCUMENT NUMBER: N10	000004763
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
M. PILAR MARTIN	
(Name of Pe	rson)
HAITIAN AMERICAN COMMU	JNITY CENTER
(Name of Firm/C	ompany)
8936 SW 207 ST	
(Address	
MIAMI, FL 33189	
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
PILAR MARTIN	at ( 305 ) 342-8400
(Name of Person)	at ( 305 ) 342-8400 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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

ON 11 MAY -9 PM 1: L7

ACAMASS FLORIDA

ard member / secret

5/5/11

Ī.	M. PILAR MARTIN	, hereby resign as	Board member / secret	;		
.,			(Title)			
of_	HAITIAN AMERICAN COMMUNITY CENTER TWO (Name of Corporation)					
N1000004763, a corporation organized under the laws of the State of (Document Number, if known)						
FL	ORIDA					

(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