

(Requestor's Name)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Danis at Nijaha)	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	ı
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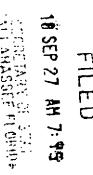
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations ALAS SOLIDARIAS, INC SUBJECT:_ (Name of Corporation) **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RITA HERRERA DE RAMIREZ (Name of Person) (Name of Firm/Company) 8775 MW 116 CT. (Address) **DORAL FL 33178** (City/State and Zip Code) For further information concerning this matter, please call: RITA HERRERA DE RAMIREZ 646-8566 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

RITA HERRERA DE RAMIREZ	DIRECTOR
I	hereby resign as
	(Title)
ALAS SOLIDARIAS, INC.	
of	
(Name	of Corporation)
N13000009913	
	, a corporation organized under the laws of the State of
(Document Number, if known)	- 1
FLORIDA	
	<u></u> •

gnature 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 דורבט