

P000000014469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

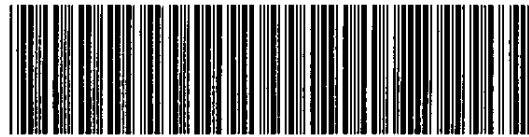
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600184938456

09/07/10--01021--025 **35.00

Dr. David Lopez

FILED
10 SEP -7 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 09 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LITTLE KINGDOM CHILD CARE CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000014469

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

Please return all correspondence concerning this matter to the following:

JULIO CESAR HERNANDEZ

(Name of Person)

LITTLE KINGDOM CHILD CARE CENTER, INC.

(Name of Firm/Company)

700 NW 10 AVE

(Address)

HOMESTEAD, FL 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO CESAR HERNANDEZ

(Name of Person)

at (305) 245-8522

(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**

FILED

10 SEP -7 PM 3:08

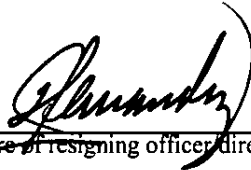
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JULIO CESAR HERNANDEZ, hereby resign as PRESIDENT
(Title)

of LITTLE KINGDOM CHILD CARE CENTER, INC.
(Name of Corporation)

P00000014469, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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