80000098582

(Requestor's Name)	
(Address)	
(Address)	·····
(City/State/Zip/Phone #)	
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TO:	Amendment Section Division of Corporations
SUR.	JECT: Las Tunas Balcon De Oriente Corp.
DO DO	(Name of Corporation)
DOC	UMENT NUMBER: P0000098582
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Yola	anda Carreno
	(Name of Person)
Yola	anda M Carreno Inc.
	(Name of Firm/Company)
122	60 SW 8th Street, Suite 118
	(Address)
Mia	mi, FL 33184
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Yola	(Name of Person) at (305) 554-4032 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32301

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



y resign as P,VP,S, Director (Title)
ganized under the laws of the State of
•

(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