

03000039 528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

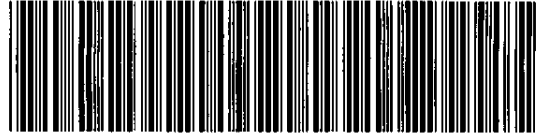
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600145275476

03/11/09--01007--009 **55.00

FILED
09 APR 15 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OP
4/15/09
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Latin TMS Corp.
(Name of Corporation)

DOCUMENT NUMBER: P030000039528

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

Please return all correspondence concerning this matter to the following:

Ridel Linares
(Name of Person)

Latin TMS Corp.
(Name of Firm/Company)

15751 Sheridan St. #187
(Address)

Porto Banderale, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Novia E. Abiguntes at (786) 395-2864
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2009

NUVIA L. ABIGANTUS
LATIN TMS CORP
15751 SHERIDAN STREET
FORT LAUDERDALE, FL 33331

SUBJECT: LATIN TMS CORP.
Ref. Number: P03000039528

We have received your document for LATIN TMS CORP. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED A LIMITED LIABILITY FORM FOR A FLORIDA FOR PROFIT CORPORATION.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 009A00009053

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ridel Ainaes, hereby resign as V.P. of Operations
(Title)
of Latin TMS Corp.
(Name of Corporation)

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

Ridel Ainaes
(Signature of resigning officer/director)

FILED
09 APR 15 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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