P030000184835

| (Requestor's Name) | |
|---|------|
| | |
| (Address) | |
| | |
| (Address) | |
| ((44.000) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| (Caralinona (Canada) | |
| | |
| Certified Copies Certificates of Statu | ıs |
| | |
| Special Instructions to Filing Officer: | |
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03/28/08--01027--020 **35.00

officer Resignation
TB 4-2-08

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Latino Multi Services, | Inc. |
|---|--|
| obsider. | (Name of Corporation) |
| DOCUMENT NUMBER: P0300 | 00084835 |
| The enclosed Officer/Director Resign | ation for a Corporation and fee are submitted for filing |
| Please return all correspondence conc | erning this matter to the following: |
| Flavio Villalta | |
| (Name of Person | 1) |
| N/A | |
| (Name of Firm/Com | pany) |
| 961 Southwest 83rd Avenue | |
| (Address) | |
| North Lauderdale, Florida 33068 | |
| (City/State and Zip (| Code) |
| For further information concerning th | is matter, please call: |
| Flavio Villalta | at (954) 822-1548 |
| (Name of Person) | at (954) 822-1548 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made | payable to the Florida Department of State. |
| Amendment Section Division of Corporations Clifton Building | Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Bonded through 1st State Insurance

| I. Flavio Villalta | , hereby resign as President, Sec, Director | |
|--|---|--------------------|
| | (Title) | - |
| of Latino Multi-Services, Inc. | e of Corporation) | |
| P03000084835 (Document Number, if known) | , a corporation organized under the laws of the State of | |
| Florida | | |
| | - | |
| | | |
| 50 | marrayour) | |
|) (| Signature of resigning officer/director) | |
| • | State of Florida County of Broward Subscribed and sworn to before me on this 2 day N That FLAVID A VIII 9 T | M2008 |
| 1 | Who is personally known to me or has produced FCI) Cto FILING FEE IS \$35.00 That Who is personally known to me or has produced FCI) Cto | or identification. |
| Make checks payable | to Florida Department of State and mail to: DANIEL W. DENER MY COMMISSION FOOD EXPIRES: JAN 28, 2 | 633531 |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314