

PO4000067069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

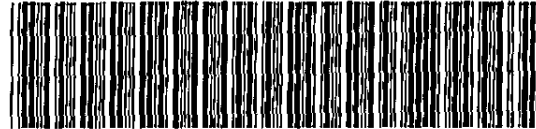
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LATIN AMERICA SERVICES, INC  
(Name of Corporation)

DOCUMENT NUMBER: P040000 67069

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

Please return all correspondence concerning this matter to the following:

HIGINIO COLON  
(Name of Person)

LATIN AMERICA SERVICES, INC  
(Name of Firm/Company)

6015 SO. DIXIE HWY  
(Address)

WEST PALM BEACH, FL 33405  
(City/State and Zip Code)

For further information concerning this matter, please call:

HIGINIO COLON at (561) 540-8587  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

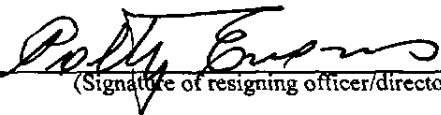
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PATTY EVANS, hereby resign as PRESIDENT  
(Title)

of LATIN AMERICA SERVICES INC.,  
(Name of Corporation)

P04000067069, 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

**FILED**  
**05 JUL 12 AM 11:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**