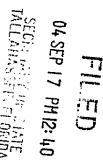
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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: El Mando de LAC, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO4-000104-794
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Giselle C. Garcia (Name of Person)
El Mando de LAC, Inc. (Name of Firm/Company)
4205.W. 13Gh Place
Miani, Fl., 33LO4. (City/State and Zip Code)
For further information concerning this matter, please call:
Giscle C. Garcia at (305) 244-4988 (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

OF SEP 17 PHR: 40 __, a corporation organized under the laws of the State of

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