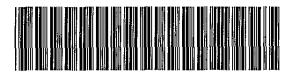
P04000148281

. (Requestor's Name)
(Address)
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, ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

officer Presignation

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COVER LETTER

Division of Corporations		
SUBJECT: LABRA FRAMING, I	INC.	
	(Name of Corporation)	
DOCUMENT NUMBER: P040	000148281	
The enclosed Officer/Director Resig	mation for a Corporation and fee are submitted for filing.	
Please return all correspondence cor	ncerning this matter to the following:	
MANUEL LONGORIA		
(Name of Pers	on)	
(Name of Firm/Con	mpany)	
634 MARIETTA ST		
(Address)		
LAKE WALES FL 33853		
(City/State and Zip	Code)	
For further information concerning t	his matter, please call:	
MANUEL LONGORIA	at (863) 528-3280 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made	e 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	

TO: Amendment Section

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05 SEP 19 AM II: 18

OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE FOR A CORPORATION

MANUEL LONGORIA	, hereby resign as OFFICER
	(Title)
of LABRA FRAMING INC.	,
(Name o	of Corporation)
P04000148281 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	.
monuel	ignature 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