

P04000148281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05 SEP 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN SEP 26 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LABRA FRAMING, INC. _____
(Name of Corporation)

DOCUMENT NUMBER: P04000148281 _____

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

Please return all correspondence concerning this matter to the following:

MANUEL LONGORIA _____
(Name of Person)

LABRA FRAMING, INC. _____
(Name of Firm/Company)

634 MARIETTA ST _____
(Address)

LAKE WALES FL 33853 _____
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL LONGORIA _____ at (863) 528-3280
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 SEP 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MANUEL LONGORIA, hereby resign as OFFICER
(Title)

of LABRA FRAMING INC.,
(Name of Corporation)

P04000148281, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

manuel Longoria
(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