## P04000160421

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<b>&gt;</b> #)
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

	EL VOLANT	E LATINO	CORPO	RATIC	ON		
SUBJECT:_					oration)	<b>,</b>	
DOCUMENT	NUMBER:_	P040001	60421				
The enclosed	Officer/Directo	r Resignatio	on for a C	orporati	ion and	fee are si	ubmitted for filing
Please return a	all corresponde	nce concern	ing this m	natter to	the fol	lowing:	
LUIS A. CA	RDENAS						
	(Name	of Person)					
EL VOLANT	ΓΕ LATINO C	ORPORAT	ION				
	(Name of F	irm/Compan	y)	1	_		
4219 1/2 N.	ARMENIA A	/ENUE					
	(Ac	ldress)			<del></del>		
TAMPA, FL	. 33607						
	(City/State	and Zip Code	e)				
For further inf	ormation conce	rning this m	natter, ple	ase call	i <b>:</b>		
LUIS A. CAF	RDENAS		at (	813	, 62	5-7338	
	(Name of Pers	on)	— <b>"</b> ' (	Area Co	ode & D	aytime Te	elephone Number)
Enclosed is a c	check for \$35.0	0 made paya	able to the	e Florid	a Depar	tment of	State.
Street Addrest Amendment Solivision of Co Clifton Buildir 2661 Executive Tallahassee, Fl	ection rporations ig e Center Circle	Am Div	iling Add endment ision of C t Office B lahassee, I	Section forporation 632	ions 7 14		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LOIS LUIS	, hereby resign as VICEP	RESIDENT AND TRE A SU & E
of EL VOLANTE LATINO COR	PORATION ne of Corporation)	
P04000160421 (Document Number, if known)	a corporation organized under the la	aws of the State of
FLORIDA	<u></u> ·	Sc.
		FIL 05 DEC 13 SLICRETARY ALL AHASSEI
$\boxtimes$		OF STATESEE. FLORRI
	(Signature of resigning officer/director)	EZI

## 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