P050000/5690

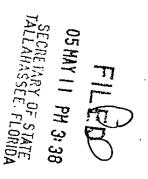
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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US/11/05--01018--019 **35.00



T.Smith MAY 19 200

TRANSMITTAL LETTER

SUBJECT: LABOR A BYWAYAGE TINE (Name of Corporation) DOCUMENT NUMBER: POSOOOO (5690)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William NonEz (Name of Person)
(Name of Firm/Company) (Name of Firm/Company) (Address) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
William Dunez at 786 389-4525 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

The state of the s

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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, WILLIAM DUNEZ, hereby resign as Pre	Vice) sident
of LAbor Arountage, Inc. (Name of Corporation)	(Title)
Posocols (90 a corporation organized under the laws of the position of the laws of the law	of the State of
(Signature of resigning officer/director)	
FILING FEE IS \$35.00	O5 NAY 11 SECRETARY TALLAHASSI

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314