P06000046305

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

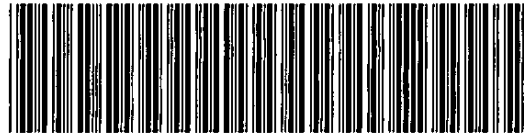[ ] PICK-UP   [ ] WAIT   [ ] MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

officer Resign
Erin Murphy
12/5/07

COVER LETTER

TO: Amendment Section
        Division of Corporations

SUBJECT: _____ LAROSCH USA, INC. _____
                              (Name of Corporation)

DOCUMENT NUMBER: _____ P06000046305 _____

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

Please return all correspondence concerning this matter to the following:

PEDRO PINCEVER
_____
(Name of Person)

LAROSCH USA, INC.
_____
(Name of Firm/Company)

3600 SOUTH STATE ROAD 7, SUITE 310
_____
(Address)

MIRAMAR FL 33023
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO PINCEVER   at (954) 748-0203
_____   _____
(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: **Mailing Address:**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
Clifton Building   Post Office Box 6327
2661 Executive Center Circle   Tallahassee, FL 32314
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _____ MARTA PINCEVER _____, hereby resign as _____ VICE-PRESIDENT _____

(Title)

of _____ LAROSCH USA INC _____,

(Name of Corporation)

_____ P06000046305 _____, a corporation organized under the laws of the State of

(Document Number, if known)

_____ FLORIDA _____.

_____

(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