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(Re	equestor's Name)	
(Ac	dress)	
(Address)		
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	N. (Chata 17: - (D)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		
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Office Use Only



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My Dis Resign

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T. Roberts AUG 1 9 2008.

COVER LETTER

Division of Corporations
SUBJECT: EL ALFALIA CONTINUTION SEMICES CINT (Name of Corporation) DOCUMENT NUMBER: PO600061576
DOCUMENT NUMBER: 10600001576
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
RAIZA VELEZ (Name of Person)
(Name of Firm/Company)
14245 SW 57 CANCED (Address)
(Address) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 316-438 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RAZA VECEZ , hereby resign as (Title)

of El Alcareta Constitution Seculces Conf.
(Name of Corporation)

POG 0000 61576 , a corporation organized under the laws of the State of (Document Number, if known)

Floudk

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