

P07000103/65

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Alliance Family Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000103165

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

Please return all correspondence concerning this matter to the following:

VICTOR M HERNANDEZ  
(Name of Person)

The Alliance Family Corp.  
(Name of Firm/Company)

P.O. Box 590732  
(Address)

ORLANDO, FL 32859  
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR at (407) 230-1074  
(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

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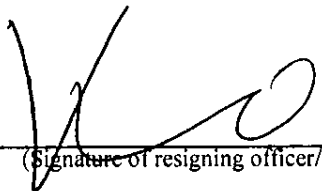
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CARMEN G. HERNANDEZ, hereby resign as Treasurer  
(Title)

of The Alliance Family Corporation  
(Name of Corporation)

P07000103165, 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