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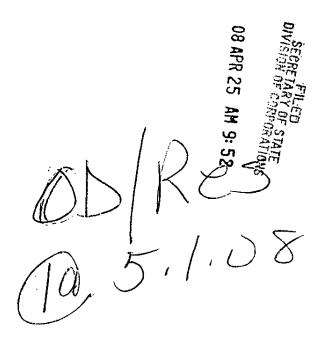
(Requestor's Name)					
(Address)					
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(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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84/25/08--01051--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LA Petit Materny, J.M. (Name of Corporation) DOCUMENT NUMBER: POS 0000 12772.
DOCUMENT NUMBER: 1º 08 0000 18 19 2.
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tammy Alvarez (President)
LA Petit Meternity Inc. (Name of Firm/Company)
327 NW 21 Street
HOMESTEAD, FL. 38033 (City/State and Zip Code)
For further information concerning this matter, please call:
Tamy Alvarez at (305) 613 - 6939 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Ana	abre	ru_	_, hereby resign a	as_Treasurer
of LA	Petit	11/a-1	Ternit!	JINC.
P080				under the laws of the State of
Floria		· · ·		

(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

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DIVISION OF CHIPOGRATIONS