

P08000027975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Resignation
to Officer
11/25/09--01027--002 **35.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AR
12/2/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISTINCLUB LATINO, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000027975

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

Please return all correspondence concerning this matter to the following:

MANUEL TEJEDA
(Name of Person)

DISTINCLUB LATINO, INC
(Name of Firm/Company)

14850 SW 26 ST. SUITE 115
(Address)

MIAMI, FLORIDA 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL TEJEDA at (786) 728 2644
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

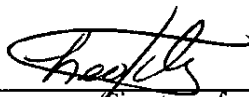
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TALLAHASSEE, FLORIDA

I, LEOBEL FERNANDEZ, hereby resign as VP
(Title)

of DISTINCLUB LATINO, INC
(Name of Corporation)

P08000027975, 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