

PB0000067729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

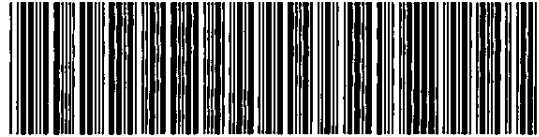
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600163126176

*Resignation
to officer*

11/30/09--01003---009 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 30 PM 4:07

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AR
12/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LATINCLIN CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P08000067729

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

Please return all correspondence concerning this matter to the following:

GABRIEL H ZANDPERL

(Name of Person)

LATINCLIN CORPORATION

(Name of Firm/Company)

11601 BISCAYNE BLVD SUITE 213

(Address)

MIAMI, FL 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

TAMARA

(Name of Person)

at (786) 285-8555

(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**

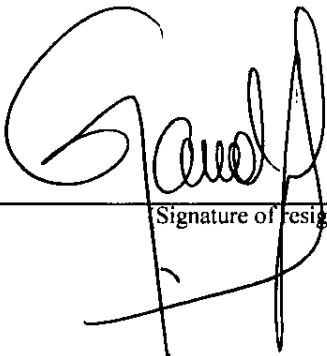
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2009 NOV 30 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GABRIEL H ZANDPERL, hereby resign as PRESIDENT
(Title)

of LATINCLIN CORPORATION
(Name of Corporation)

P08000067729, 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