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COVER LETTER

SUBJECT: LECCA GROUP CORP. (Name of Corporation)
DOCUMENT NUMBER: <u>P0800069311</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OVIDIO CASTRO (Name of Person)
LECCA @1200P CORP. (Name of Firm/Company)
3107 COCOPIUM CIRCLE
COCONUT CREEK, Ft, 33063 (City/State and Zip Code)
For further information concerning this matter, please call:
LUIS E- CUENCA at (954) 245 2145 (Name of Person) at (954) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	LECCA	CASTRO	, hereby resign a	S VICEPRES (Title	IDENT	_ - (VP)
VI		(Name of Corpor			······································	
P	(Document Number, i		poration organized u	inder the laws of the S	tate of	
	FLORIDA	Α .				
		Ou Un (Signature	of resigning officer/dire	ector)	08 DEC 11 PM 12: 35	SECRETARY OF STATE DIVISION OF CORPORATION
		FILING	FEE IS \$35.00		<u></u>	· 55

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314