

P08000072094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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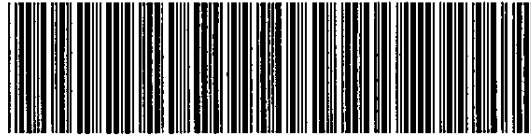
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off. Resign
C.COULLETTE
APR 21 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alfa Imaging Solutions INC
(Name of Corporation)

DOCUMENT NUMBER: P 080000 72094

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

Please return all correspondence concerning this matter to the following:

ALAN Urena
(Name of Person)

Alfa Imaging Solutions INC
(Name of Firm/Company)

7318 JACARANDA LANE
(Address)

Miami Lakes, FL 3304
(City/State and Zip Code)

For further information concerning this matter, please call:

Alan L. Urena at (305) ??
(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

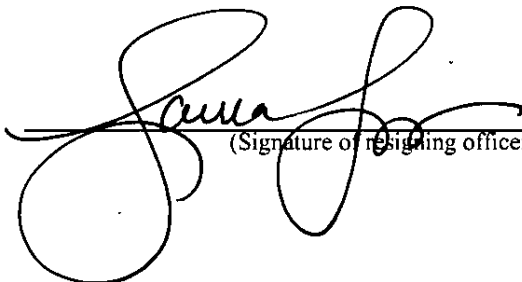
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Laura A. Leyva, hereby resign as Vice President
(Title)

of Alfa Imaging Solutions, Inc.
(Name of Corporation)

P08000072094, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 4/1/2009
(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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