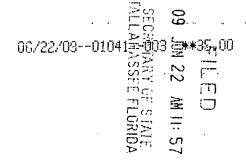
P080094768

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Amendment Section

Division of Corporations

TO:

SUBJECT: LAFLOR INC (Name of Corporation) P08000094768 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **CLAUDIA FLOREZ** (Name of Person) LAFLOR INC (Name of Firm/Company) 1402 NE 5TH AVE (Address) CAPE CORAL, FL 33909 (City/State and Zip Code) For further information concerning this matter, please call: **CLAUDIA FLOREZ** (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section **Street Address:** Amendment Section
Division of Corporations **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L LUIS E LARA	hereby resign as	VICEPRESIDENT
"	,oo, 100,g., uo.	(Title)
of LAFLOR INC	lame of Corporation)	,
P08000094768 (Document Number, if known)	, a corporation organized un	der the laws of the State of
FLORIDA		
	(Signature of resigning officer/direct	FILED 09 JUN 22 AN II: SECRETARY OF STAI FALLAHASSEE FLORI
	FILING FEE IS \$35.00	10 × 5

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

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