

PD8000094768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400157383764

06/22/09--01041003
09 JUN 22 AM 11:57
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6013096
7/2
CD

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAFLOR INC
(Name of Corporation)

DOCUMENT NUMBER: P08000094768

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 at (239) 887-2051
(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, LUIS E LARA, hereby resign as VICEPRESIDENT
(Title)

of LAFLOR INC
(Name of Corporation)

P08000094768, 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

FILED
09 JUN 22 AM 11:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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