20000043854

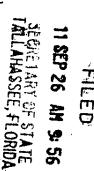
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certi [©] pates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800212221308

09/26/11--01038--009 **35.00



or alson

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lantin american lending Fine (Name of Corporation)
DOCUMENT NUMBER: 10900043854
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael HOLL (Name of Person)
Latin Comerca wording Inc. (Name of Firm/Company)
6030 VIU ROSCO (Address)
Boxa Robon 7 33433 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 325 493 (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, Michael	Helft	, hereby res	sign as Hesc	Lond (Title)	
of Latin	Omenico (Name of C	Opporation)	ns,=100	<u> </u>	
PO 96000 (Document Number	43854	a corporation organ	ized under the laws	of the State of	
			/	ALE I	٠.
	Who (Sign	ature of resigning office	eer/director)	SEP 26 ALLANASSEE,	P. S
	(4.8.		· · · · · ,	STATE FLORIDA	•

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