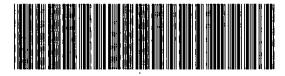
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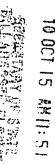
(Re	equestor's Name)		
(Address)			
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	<i>⊋#</i>)	
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(Business Entity Name)			
(Document Number)			
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COVER LETTER

Division of Corporations
SUBJECT: Law Offices of Hernandez & Associates, P. A (Name of Corporation)
DOCUMENT NUMBER: <u>61000003712</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:
Giselle Hernandez (Name of Person)
(Name of Firm/Company) (Name of Firm/Company)
63845w 39 Terrace (Address)
Miami, FL 33155 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (786)853-6528 (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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Peter Hernan	.deZ, hereby resign as	Vice President (Title)
	as Hermandez ame of Corporation)	A ASSOCIATES, P.A.
P 1 0 0 3 11 2 (Document Number, if known)	, a corporation organized und	ler the laws of the State of
Florida		1

(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 10 OCT 15 AMII: 51