## P10000001543

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certificates	s of Status	
Special Instructions to Filing Officer:		
,		
	ress)  /State/Zip/Phone  WAIT  iness Entity Nar  cument Number)	

Office Use Only



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DIVISION DE CURPUTATALES



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: HOMESTEAD IMMIG	GRATION CENTER INC
P1000	(Name of Corporation)
DOCUMENT NUMBER: P1000	50007303
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
LOURDES HERNANDEZ	
(Name of Perso	n)
HOMESTEAD IMMIGRATION	
(Name of Firm/Con	npany)
241 NE 8TH ST	
(Address)	
HOMESTEAD, FL 33030	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
LOURDES HERNANDEZ	at ( 305 ) 248-4308
(Name of Person)	at ( 305 ) 248-4308 (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

TO:



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2012

LOURDES HERNANDEZ HOMESTEAD IMMIGRATION CENTER INC 241 NE 8TH ST. HOMESTEAD, FL 33030

SUBJECT: HOMESTEAD IMMIGRATION CENTER INC

Ref. Number: P10000007563

We have received your document for HOMESTEAD IMMIGRATION CENTER INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 512A00017274

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MAXCELINO HERNANDEZ	, hereby resign as VICEPRESIDENT
	(Title)
of HOMESTEAD IMMIGRATION CENTER (Name of Corpora	
P1000007563 ,a corp	oration organized under the laws of the State of
FLORIDA	
,	
The state of the s	for Read

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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