# P10000047515

**900207560539**

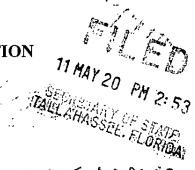05/20/11--01036--012  **35.00

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** <u>AMERICAN LATIN CARIBIAN MARKET 3, INC.</u>
<div align="center">(Name of Corporation)</div>

**DOCUMENT NUMBER:** <u>P1D000047515</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:

<u>AMMAR ABDIN</u>
<div align="center">(Name of Person)</div>

<u>AMERICAN LATIN CARIBIAN MARKET 3, INC.</u>
<div align="center">(Name of Firm/Company)</div>

<u>1022 EAST HYPOLUXO ROAD</u>
<div align="center">(Address)</div>

<u>LANTANA, FLORIDA, 33462</u>
<div align="center">(City/State and Zip Code)</div>

For further information concerning this matter, please call:

<u>AMMAR ABDIN</u> at ( <u>561</u> ) <u>307-3423</u>
<div align="center">(Name of Person)      (Area Code & Daytime Telephone Number)</div>

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

CR2E044(08/05)

# OFFICER / DIRECTOR RESIGNATION
# FOR A CORPORATION

FILED
11 MAY 20 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, _____AMAR AL-HRAKI_____, hereby resign as _VICE-PRESIDENT & DIRECTOR_

(Title)

of_____AMERICAN LATIN CARIBIAN MARKET 3, INC._____,

(Name of Corporation)

_____P100000 47515_____, a corporation organized under the laws of the State of .... .......

(Document Number, if known)

_____FLORIDA_____.

(Signature of resigning officer/director)

AMAR AL-HRAKI

## 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