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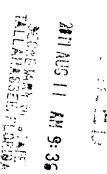
(Requestor's Name) . (Address) (Address)	800
(City/State/Zip/Phone #)	08.
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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08/11/11--01021--005 **35.00



8/12/1

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Nicaragua	Charge of Corporation	is Inc.
DOCUMENT NUMB	121000	0066313	
The enclosed Officer/D	irector Resignation f	or a Corporation and t	fee are submitted for filing
Please return all corres	pondence concerning	this matter to the foll	owing:
R	Name of Person)	ng	
(Nan	ne of Firm/Company)		
14810 8	SW 57 teri	<u></u>	
	OY 109 33) 9 State and Zip Code)		
For further information	concerning this matt	er, please call:	
Raul (Name o	A. Molina of Person)	at (<u>786</u>) 22 (Area Code & Da	23 5491 aytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l, _	Vecenia Hernandez, hereby resign as Presiden	nt iile)	
of_	NICAYAGUA LANAS CAPING'S INC	,	
P	1000000333, a corporation organized under the laws of the (Document Number, if known)	e State of	
	Florida		
	7 Lillak	3#11 5±C	
	(Signature of resigning officer/director)	ALLAHASSE	ALL STREET
		∧# 9:	\$ 2.

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