

P/0000095766

Nelson Caballero

(Requestor's Name)

Alberni Caballero & Co. LLC

(Address)

4649 Ponce De Leon Blvd

(Address)

#404 Coral Gables, FL 33146

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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11-29-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRAINING LICENSING CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000095766

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

NELSON CABALLERO
(Name of Person)

ALBERNI, CABALLERO & COMPANY, LLC
(Name of Firm/Company)

4649 PONCE DE LEON BLVD., #404
(Address)

CORAL GABLES, FLORIDA 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

NELSON CABALLERO at (786) 208-6077
(Name of Person) (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**

FILED

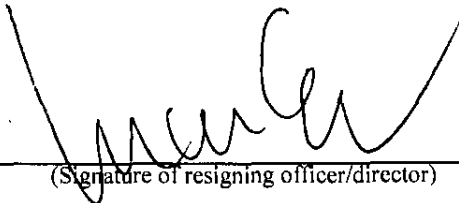
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, SILVIO INCER, hereby resign as DIRECTOR
(Title)

of TRAINING LICENSING CENTER, INC.
(Name of Corporation)

P10000095766, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(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