

P11000002513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

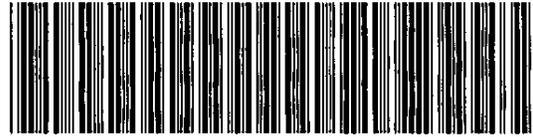
(Business Entity Name)

(Document Number)

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O/B
Resign.
4/7/14
JC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELINA LOPEZ P.A.
(Name of Corporation)

DOCUMENT NUMBER: P 1100000 2513

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO P TORRES.
(Name of Person)

ELINA LOPEZ P.A.
(Name of Firm/Company)

3900 NW 79 AVE #328
(Address)

DORAL, FL. 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

ELINA LOPEZ at (305) 283-4870.
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

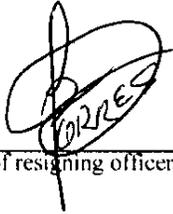
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PEDRO P. TORRES, hereby resign as TREASURER.
(Title)

of ELINA LOPEZ P.A.
(Name of Corporation)

P11000002513, 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

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