

P11000002513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

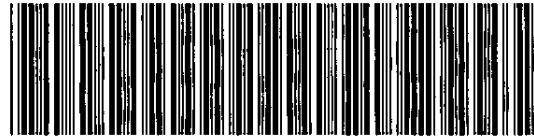
(Business Entity Name)

(Document Number)

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O/B  
Resign.

4/7/14

DC

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** P 11000002513

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)

DONAL, 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

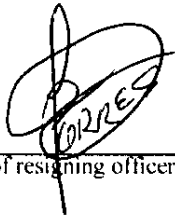
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

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

of ELINA LOPEZ P.H.  
(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

FILED  
14 MAR 31 PM 4:01