

P110000101278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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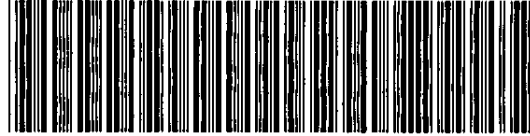
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **C & S ASOCIADOS CORP.**

(Name of Corporation)

DOCUMENT NUMBER: **P11000101278**

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

Please return all correspondence concerning this matter to the following:

VICTOR MANUEL LOPEZ INAUDI

(Name of Person)

(Name of Firm/Company)

7706 NW 113TH PATH

(Address)

DORAL FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR MANUEL LOPEZ

(Name of Person)

at (

786 **327-8400**

) (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, VICTOR MANUEL LOPEZ INAUDI, hereby resign as VICE-PRESIDENT
(Title)

of C & S ASOCIADOS CORP,
(Name of Corporation)

P11000101278, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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