

P/2 000044569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

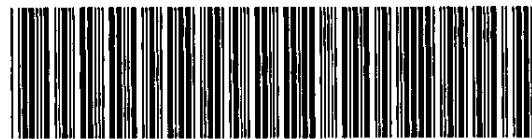
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Las Casas, Inc
(Name of Corporation)

DOCUMENT NUMBER: 45-5310663

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

Please return all correspondence concerning this matter to the following:

Reinerio Garcia

(Name of Person)

Las Casas Inc

(Name of Firm/Company)

305 N Gomez Ave

(Address)

Tampa FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Geovanne Castro

(Name of Person)

at 813 802-7400

(Area Code & Daytime Telephone Number)

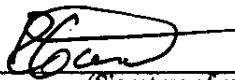
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Reinerio Garcia, hereby resign as Officer/Director/P
(Title)
of Las Casas, Inc,
(Name of Corporation)
43-5310663, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

12 NOV 15 PM 1:34
FLORIDA
DEPARTMENT OF
STATE
RECEIVED
RECORDED
INDEXED
SEARCHED
FILED
RECORDED
INDEXED
SEARCHED
FILED

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