Division of Corporations **Electronic Filing Cover Sheet**

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(((H13000253314 3)))



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To:

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: (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LATIN CARIBE INC.

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EWPIRE CORP

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	LATIN CARIBE, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	P13000082895
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
ALBA AMAD	OR
(Name of I	Person)
LATIN CARIBE	, INC.
(Name of Firm	(Company)
8901 SW 157th	
(Addre	SG)
MIAMI, FL 33	
(City/State and	Zip Code)
Por further information concerni	ng this matter, please call:
ALBA AMADOR	at (786) 325-6859 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 2661 Executive Conter Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

CR2E944 (05/13)

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H13000253314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, BISMARC CARRASCO hereby resign a	VICE PRESIDENT
V	(Title)
LATIN CARIBE, INC.	
(Name of Corporation)	
P13000082895, a corporation organized to	under the laws of the State of
(Document Number, if known)	
FLORIDA	

13 NOV 15 AM 8: 5
SECRETARY OF STA

FILED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amondment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314