

P 15 000096536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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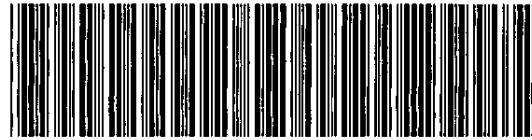
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. GOLDEN

JUN 05 2017

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LATAM DISTRIBUTORS CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000096536

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

Please return all correspondence concerning this matter to the following:

**NATALIA CUNDARI**

(Name of Person)

**LATAM DISTRIBUTORS CORP**

(Name of Firm/Company)

**16850 COLLINS AVE 112-101**

(Address)

**SUNNY ISLES BEACH, FL 33160**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Natalia Cundari** at ( **786** ) **587.8849**  
(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, Natalia Cundari, hereby resign as President/Treasurer  
(Title)

of LATAM DISTRIBUTORS CORP  
(Name of Corporation)

P15000096536, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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