

P96000016362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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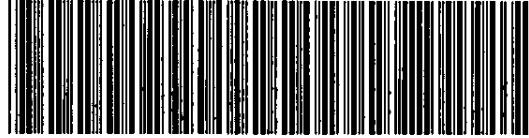
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SERVICIO CENTRAL LATINO, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000016362

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

Please return all correspondence concerning this matter to the following:

FREY ANTONIO GARCIA  
(Name of Person)

SERVICIO CENTRAL LATINO, INC.  
(Name of Firm/Company)

819 W. OAKRIDGE RD.  
(Address)

ORLANDO, FL. 32809  
(City/State and Zip Code)

For further information concerning this matter, please call:

FREY ANTONIO GARCIA at ( 321 ) 331-9235  
(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 CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

Street Address :  
AMENDMENT SECTION  
DIVISION OF CORPORATION  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL. 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ALTAGRACIA GARCIA, hereby resign as PRESIDENT

(Title)

of SERVICIO CENTRAL LATINO, INC.

(Name of Corporation)

P96000016362, 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

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