

P96000016362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

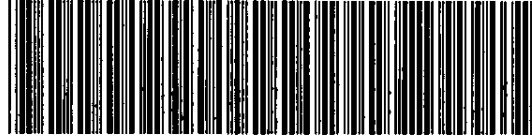
(Business Entity Name)

(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 ANTONIIO 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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TALLAHASSEE, FLORIDA

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