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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
OFFILER RESIGNATION FROM
OFFICER RESIGNATION FROM SUBJECT: LATINO I INSURANCE AGENCY INC (Name of Cornoration)
(Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NANCY C. LEYVA (Name of Person)
(Name of Person)
LATINO I INSULANCE AGENCY, INC., (Name of Firm/Company)
86 44 - 49th STO N.
(Address)
PINEZLAS PANK, 72 33782
(City/State and Zip Code)
For further information concerning this matter, please call:
NANCY C. LEYVA at (813) 900-2265 (Name of Person) at (813) 900-2265 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LILIANA CAB	ALLENO, hereby resign as_	TREASUR (Titl	-6N_ e)	-
of LATTNO I	IN SULANCE AN Summer of Corporation 1997	Aconcy	, INC,	-
(Document Number, if known)	, a corporation organized unc		State of	
FLORIDA	·			
	(Signature of resigning officer/director	Or) BALLER	SECRETARY OF STATE OF THE STATE	TICO
EFFECTIVE 12/31/05			Ÿ	

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