

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OFFICER, RESIGNATION FROM:
LATINO I INSURANCE AGENCY INC
(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)

LATINO I INSURANCE AGENCY, INC.
(Name of Firm/Company)

8644 - 49th St N.
(Address)

PINELLAS PARK, FL 33782
(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY C. LEYVA at (813) 900-2265
(Name of Person) (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 ✓


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LILIANA CABALLERO, hereby resign as TREASURER
(Title)

of LATINO I INSURANCE AGENCY, INC.
(Name of Corporation)
FEDERAL ID # 59-3429972

_____ a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

LILIANA CABALLERO

FILED
2001 NOV 28 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE 12/31/05

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