## P97000019048

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Mr/Riv Rego

TALLAHASSEE, FLORIDA

M. 1 - 110-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LATINO I INSURANCE AGENCY, INC. (Name of Corporation)  DOCUMENT NUMBER: P97000019048
DOCUMENT NUMBER: <u>P97000019048</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
REBECA Liboy (Name of Person)
LATINO I INSURANCE ARENCY, INC. (Name of Firm/Company)
8644 - 49th ST. N. (Address)
PINELLAS PARK, JU 33782 (City/State and Zip Code)
For further information concerning this matter, please call:
REBECA LIBOY at (727) 547-6011 (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	TION  11 JAN 13 AM 10: L7  TALLAHASSEE, FLORIDA  LOSS LA TE
I, NANCY C. LEYVA , hereby resign as_	PRESIDENT (Title)
of LATINO I INSURANCE AGENCY (Name of Corporation)	y, ±00
197000019048, a corporation organized under (Document Number, if known)  Florior Effective: 1/1/2009	r the laws of the State of
(Signature of resigning officer/director)	12/31/08

## 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