## P97000046911

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)	<u>-                                    </u>		
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Statu	us		
Special Instructions to Filing Officer:			
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUB	BJECT: Les Trois Amis du Sud,	Inc.
		(Name of Corporation)
DOC	CUMENT NUMBER: P977000	0046911
The e	e enclosed Officer/Director Resignati	ion for a Corporation and fee are submitted for filing
Pleas	ase return all correspondence concern	ning this matter to the following:
Way	ayne Schwartz	
	(Name of Person)	
Les	es Trois Amis du Sud, Inc.	
	(Name of Firm/Compar	ny)
100	001 South Miami Ave	
	(Address)	
Mia	iami , FL 33129	
	(City/State and Zip Cod	le)
For fi	further information concerning this	matter, please call:
Way	ayne Schwartz	at ( 305 ) 669-4747 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	losed is a check for \$35.00 made pay	vable to the Florida Department of State.
Amen Divisi P.O. F	endment Section An ision of Corporations Div. Box 6327 409	reet Address: nendment Section vision of Corporations 9 E. Gaines Street Ilahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Eric Cormouls-Houles , hereby resign as Vice Presiden			
		(Title)	<u>_</u>
of_Les Trois Amis du Sud, Inc.			•
(Name	e of Corporation)		
P977000046911 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida	<u>_</u> .		
	(Signature of resigning officer/director)	05 SEP 12 AM 9: 13	

## 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