

P98000103532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100173821191

04/02/10--01015--015 **35.00

op/ew Resp

FILED
10 APR -2 AM 10:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LATINO II INSURANCE AGENCY, INC
(Name of Corporation)

DOCUMENT NUMBER: P98000103532

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 II INSURANCE AGENCY, INC
(Name of Firm/Company)

8220 HANLEY RD
(Address)

TAMPA, FL 33634
(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**

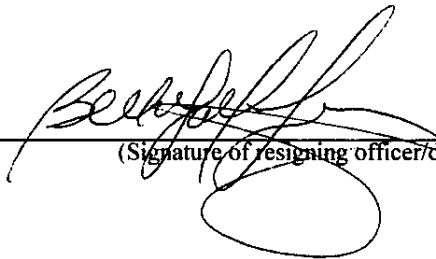
FILED
10 APR -2 AM 10:19
TALLAHASSEE, FLORIDA

I, BELKYS J. LEON, hereby resign as SECRETARY
(Title)

of LATINO II INSURANCE AGENCY, INC.
(Name of Corporation)

P98000103532, 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