

798000106018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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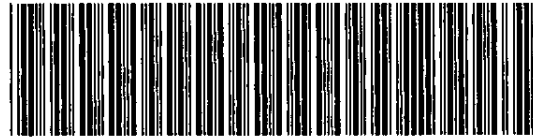
(Business Entity Name)

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2-4/3

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L.M. FLAGLER STREET, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P98000106018

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO C. ALONSO, ESQ.

(Name of Person)

JULIO C. ALONSO, P.A.

(Name of Firm/Company)

300 SEVILLA AVENUE, #301

(Address)

CORAL GABLES, FL. 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO C. ALONSO, ESQ. at (305) 649-7600

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LUISA BARROSO, hereby resign as TREASURER/DIRECTOR  
(Title)

of L.M. FLAGLER STREET, INC.  
(Name of Corporation)

P98000106018, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Luisa Barroso  
(Signature of resigning officer/director)

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13 FEB -1 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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