

P99000016919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

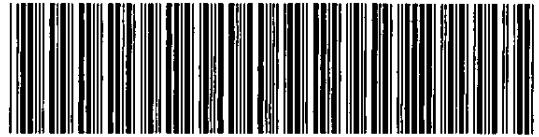
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP -7 PM 2:39

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amigo Hispanic Services Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000016919

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

Please return all correspondence concerning this matter to the following:

Claudia P. Zavala
(Name of Person)

(Name of Firm/Company)

268 Arlington Loop
(Address)

Haines City, FL 33844
(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia P. Zavala at (863) 422-5628
(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, Claudia P. Zavala, hereby resign as Sec. (Title)

of Amigo Hispanic Services Inc. (Name of Corporation)

P99000016919 a corporation organized under the laws of the State of
(Document Number, if known)

Florida

[Signature]
(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

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