## P9900027187

(Requ	uestor's Name)			
(Addr	ess)			
(Addr	ess)			
(City)	State/Zip/Phone	·#)		
	· · · ·			
PICK-UP	U WAN	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fi	ling Officer:			
	Office Use Only	Ŷ		

officer Resignation



16/03/04--01022--011 \*\*35.00

FILED 04 JUN -3 PH 12: 32 SECRETARY OF STATE TALLAHASSEE. FLORIDA

T BROWN JUN 1 0 2004

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: EL CANO CORP. (Name of Corporation) DOCUMENT NUMBER: <u>P 99 0000 27 18 7</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:

Neyba Niebla Name of Person) EL CANO CORP. (Name of Firm/Company) 14280 SW 375t. \_\_\_\_\_

Miamin Fla. 33175 (City/State and Zip Code)

For further information concerning this matter, please call:

UIVIAN DIEGLA at (305) 801-7394 (Name of Person) at (305) 801-7394

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

		ECTOR RESIGNATIO	N 04 JUN - TALLAHASSI	TLED 3 PM 12: 32 Y OF STATE FE, FLORIDA
1, DeyDA	Niebla	, hereby resign as	Treasuece (Title)	
of <u>EL</u>	CANO CO (Name of Cor	R PORATION	······································	
P 99000027/ (Document Numb	er, if known)	orporation organized under the	laws of the State of	· · · · ·
FLORIDA	L	10-a		a

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(Signature of resigning officer/director) , <del>4</del> 

## 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