## V06450

(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:	7
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SECRETARY OF STATE

officer Resignation

Office Use Only

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: My LITTLE WORLD, INC. (Name of Corporation)	· . <u> </u>
DOCUMENT NUMBER: V06450	* f
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	• • •
Please return all correspondence concerning this matter to the following:	-
HILDA LOPEZ (Name of Person)	
My LITTLE WORLD, INC. (Name of Firm/Cómpany)	
11369 W. FLAGLER ST. (Address)	•
MANI, FL 33174 (City/State and Zip Code)	. ,
For further information concerning this matter, please call:	
HILDA LOPEZ at (305) 551:6882 (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 409 E. Gaines Street Tallahassee, FL 32399

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

O4 FEB-6 AM 9: 22

TALLAHASSEE, FLORIDA

I, GINA LOPEZ	, hereby resign as PREBIDENT (Title)
of My LITTE WORLT	ne of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

## FILING FEE IS \$35.00

ignature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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