

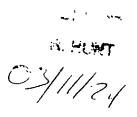
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations EL&V CORPORATION SUBJECT: (Name of Corporation) DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EUGENIO LASCURAIN (Name of Person) (Name of Firm/Company) 12717 W Sunrise Blvd #137 (Address) Sunrise, FL 33323 (City/State and Zip Code) For further information concerning this matter, please call: EUGENIO LASCURAIN 954 349-3391 (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

EUGENIO LASCURAIN	DP	
1	hereby resign as	(Title)
EL&V CORPORATION		
of	,	
V26026	Name of Corporation)	
(Document Number, if known) FLORIDA	, a corporation organized under the l	aws of the State of
	(Signature of resigning officer/director)	
		: Γ\(\rightarrow\) : \(\omega\)

## 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