

PO/000022737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

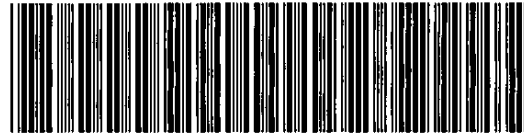
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300079668613

09/13/06--01024--005 **35.00

FILED

06 SEP 13 PM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/10
Rey
SA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA PARIS CAFE, CORP.

(Name of Corporation)

DOCUMENT NUMBER: P01000022737

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lazaro Gonzalez

(Name of Person)

La Paris Cafe, Corp.

(Name of Firm/Company)

251 SE 1st Street

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

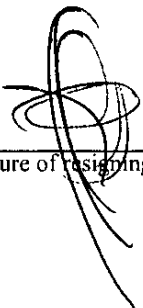
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, OSZIE CLAUSELL, hereby resign as PRESIDENT
(Title)

of LA PARIS CAFE, CORP.
(Name of Corporation)

P01000022737, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
06 SEP 13 PM 8:51
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