

PO2000061381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

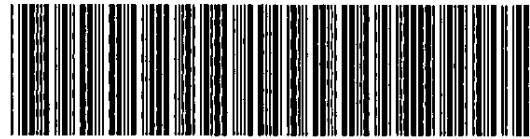
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. HAWKES

AUG - 7 2012

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CALISTOGA BAKERY CAFE OF SW FLORIDA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000061381

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

Please return all correspondence concerning this matter to the following:

MARK BATES

(Name of Person)

CALISTOGA BAKERY CAFE OF SW FLORIDA, INC

(Name of Firm/Company)

1613 CHINABERRY WAY

(Address)

NAPLES, FLORIDA 34105

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK BATES

(Name of Person)

at ( 213 ) 438-5894

(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

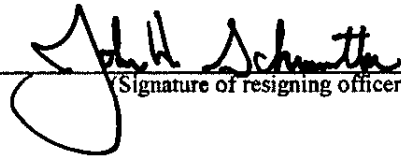
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
12 AUG 13 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JOHN SCHNATTER, hereby resign as OFFICER & DIRECTOR  
(Title)

of CALISTOGA BAKERY CAFE OF SW FLORIDA, INC.  
(Name of Corporation)

P02000061381, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(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