

PO2000120944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

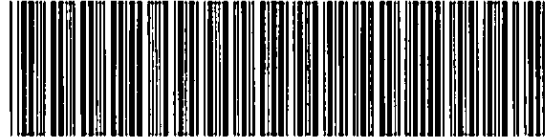
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MAR - 3 2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESTAURANTE LA CASCADA INC

(Name of Corporation)

DOCUMENT NUMBER: P02000120944

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

Please return all correspondence concerning this matter to the following:

Tony Villalba

(Name of Person)

(Name of Firm/Company)

5004 N Armenia Ave

(Address)

Tampa, FL 33603

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Villalba

(Name of Person)

at (813) 580-0808

(Area Code & Daytime Telephone Number)

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, EVA LOPEZ VILLALBA, hereby resign as PRESIDENT AND DIRECTOR
(Title)

of RESTAURANTE LA CASCADA, INC.
(Name of Corporation)

P02000120944 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

EVA Lopez Villalba
(Signature of resigning officer/director)

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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