

PO3000068677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

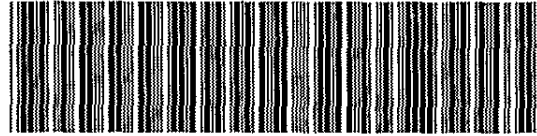
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP 20 PM 1:17

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As 9/20/06  
010108

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EL RINCON COSTEÑO.  
(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:

ABRAHAM COBA

(Name of Person)

EL RINCON COSTEÑO.

(Name of Firm/Company)

8451 / 8455 WEST McNAB RD.

(Address)

TAMORA, FL 33321

(City/State and Zip Code)

For further information concerning this matter, please call:

ABRAHAM COBA at (754) 366-1366

(Name of Person)

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

06 SEP 20 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ABRAHAM COBA, hereby resign as VICE PRESIDENT  
(Title)

of EL RINCON COSTEÑO Corp  
(Name of Corporation)

PO 30000 68677, 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