

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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11/07/08--01027--021 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALCALA ENTERPRISES, INC. (Name of Corporation) DOCUMENT NUMBER: POSODO 10495
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joles Reyes (Name of Person)
ALCALA ENTER ARISES, TWC (Name of Firm/Company)
234 DEC PLASO BLUD V. (Address)
Cape Cokal, FL 33909 (City/State and Zip Code)
For further information concerning this matter, please call:
Tokbe Leyes at (239) 699-6822 (Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARGARET C. ALCACA, hereby resign as PRE	(Title)
of ALCALA ENTERPRISES, INC. (Name of Corporation)	<u>,</u> ,
(Document Number, if known) FLORIDA OS 000/0495 , a corporation organized under the law	ws of the State of
PLOKIDA	<u>24</u> 08
Signature of resigning officer/director)	NOW-7 PH 1: 28 GRE LARY OF STAT AHASSEE, FLORE

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