

PD 60000124485

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000199352 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I201100000041
Phone : (305) 887-8730
Fax Number : (305) 887-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CAFETERIA RESTAURANT MABI'S CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

OD/Res
@ 8/11/11

RECEIVED
11 AUG 10 AM 8:29
CORPORATION
TALLAHASSEE, FLORIDA

FILED
11 AUG 10 AM 9:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(((H11000199352 3))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAFETERIA RESTAURANT MABI'S CORP.

(Name of Corporation)

DOCUMENT NUMBER: P06000124485

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

Please return all correspondence concerning this matter to the following:

MABIA B FIGUEREDO

(Name of Person)

CAFETERIA RESTAURANT MABI'S CORP.

(Name of Firm/Company)

4085 EAST 8TH AVENUE

(Address)

HIALEAH, FL 33013

(City/State and Zip Code)

For further information concerning this matter, please call:

MABIA B FIGUEREDO

(Name of Person)

at (

786

) 222-8924

(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

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MABIA B FIGUEREDO, hereby resign as PRESIDENT / DIRECTOR
(Title)

of CAFETERIA RESTAURANT MABI'S CORP.
(Name of Corporation)

P06000124485 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

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DIVISION OF CORPORATIONS
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