P09000027773

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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LA Resign.

02/16/11 De

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LA HACIENDA SEAFOOD RESTAURANT INC	
(Name of Corporation)	
DOCUMENT NUMBER: P09000027773	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	d for filing.
Please return all correspondence concerning this matter to the following:	
KARLA NARVAEZ	
(Name of Person)	
LA HACIENDA SEAFOOD RESTAURANT INC	
(Name of Firm/Company)	
26215 SW 124TH CT	
(Address)	
HOMESTEAD, FL 33032	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
KARLA NARVAEZ at (305) 773-1603	
(Name of Person) at (305) 773-1603 (Area Code & Daytime Telephone Num	ber)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provision	ons of sections 60	07.0502(2), 617.0502(2), 607.1509, or 61°	7.1509,
Florida Statutes, the un	dersigned, JO	SE M RODRIGUEZ	
		(Name of Registered Agent)	
hereby resigns as Regis	stered Agent for	LA HACIENDA SEAFOOD RESTAU	RANT INC.
		(Name of Corporation)	
P09000027773			
(Document Number	er, if known)		
A copy of this resignat	ion was mailed to	the above listed corporation at its last kn	own address.
The agency is terminat this statement is filed.	Mark	discontinued on the 31st day after the dat	e on which
	/(Sig	gnature of Resigning Agent)	-
If signing on behalf of	an entity:	-	
JO	SE M MARTINI		FB 7
	(1	Typed or Printed Name)	F
PR	RESIDENT		
	 	(Capacity)	- :

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314