

(Requestor's Name)		
(Address)		
(Address)		
(
(City/State/Zip/Phone #)		
(City/State/Zip/Fnone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
Certified Copies Certificates of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

. . .



500300692365

06/27/17--01008--021 **70.00

SEGRETARY OF STATE DIVESTOR OF CORFORALION

Old Resign

TRANSMITTAL LETTER

Division of Corporations El Palacio De Los Cakes, Inc (Name of Corporation) DOCUMENT NUMBER: P11000061682 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Walter Anon (Name of Person) Law Offices of Walter A. Anon, P.A. (Name of Firm/Company) 7975 NW 155 Street, Suite A (Address) Miami Lakes, Florida 33016 (City/State and Zip Code) For further information concerning this matter, please call: Walter Anon (Name of Person)

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

TO:

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION : FOR A CORPORATION

_ı Patricia F. Castillo	hereby resign as Secretary
	(Title)
_{of} El Palacio De Los Ca	kes, Inc
(Name of Co	
p11000061682 (Document Number, if known)	corporation organized under the laws of the State of
Florida	
	1.0001.111.1111

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

17 III 27 AH II: 52