(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
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Amendment Section Division of Corporations

TO:

SUBJECT: THE RODEO BB	Q PLACE INC
	(Name of Corporation)
DOCUMENT NUMBER: PO	09000028895
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
JUANA DIAZ	
(Name of P	Person)
THE RODEO BBQ PLACE II	NC
(Name of Firm/	(Company)
8885 DAVIS BLVD	
(Addres	ss)
NAPLES FL 34104	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
JUANA DIAZ	at (239) 687-8120 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. MADELEINE NAVARRO	, hereby resign as TREASURER
7	(Title)
of THE RODEO BBQ PLACE IN	C .
(Name	of Corporation)
P0900028895 (Document Number, if known)	, a corporation organized under the laws of the
FLORIDA	23 PH 2: I
Sn	antlein avann. 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