297791

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(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
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(Ci	ty/State/Zip/Phone	#)
PICK-UP		MAIL
/P	usiness Entity Nam	<u></u>
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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	Office Use Only	/

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08/14/16--01001--016 **35.00



JUN 1 6 2016 C MCNAIR

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

The Pit Restaurant Inc

SUBJECT:

Ξ.

(Name of Corporation)

297791 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

C M Gonzalez

(Name of Person)

The Pit Restaurant Inc

(Name of Firm/Company)

16400 SW 8 Street

(Address)

Miami FI 33194

(City/State and Zip Code)

For further information concerning this matter, please call:

 CM Gonzalez
 786
 663-8057

 (Name of Person)

 (Area Code & Daytime Telephone Number)

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



CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

azz • • •

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Sonia Gonzalez	Secretary, hereby resign as
	, hereby resign as(Title)
The Pit Restaurant Inc	
()	vame of Corporation)
#297791	, a corporation organized under the laws of the State of
(Document Number, if known)	· •
Florida	
Jour	(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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