

1109000006504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business/Entity Name)

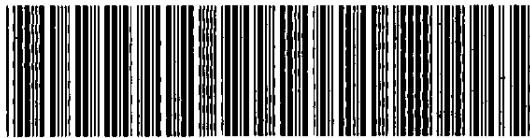
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FOOD FOR CURE FOUNDATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N09000006504

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

Please return all correspondence concerning this matter to the following:

MIGUEL MUNOZ

(Name of Person)

(Name of Firm/Company)

1154 ARBOR HILL CIRCLE

(Address)

MINNEOLA, FLORIDA 34715

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL MUNOZ

(Name of Person)

at ( 321 ) 3776577

(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


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MIGUEL MUNOZ, hereby resign as VICE PRESIDENT  
(Title)

of FOOD FOR CURE FOUNDATION, INC.  
(Name of Corporation)

N09000006504, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

**FILED**  
2010 FEB 15 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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