

PO1000071207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

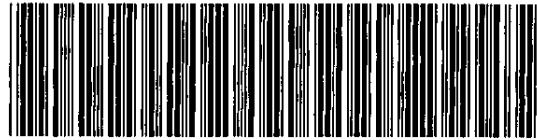
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTHEASTERN RESTAURANT SERVICES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000071207

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

Please return all correspondence concerning this matter to the following:

JOY LAMONDA / RUSSELL GOLDBERG

(Name of Person)

KELLEY, GOLDBERG, LEACH & COHN PL

(Name of Firm/Company)

475 MONTGOMERY PLACE

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

JOY LAMONDA / RUSSELL GOLDBERG at ( 407 ) 869-8900

(Name of Person)

(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, TOM KELL, hereby resign as VICE PRESIDENT  
(Title)

of SOUTHEASTERN RESTAURANT SERVICES, INC.  
(Name of Corporation)

P01000071207, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**