(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		i



400056722884

06/30/05--01063--002 **35.00

officer Resignation

Office Use Only

T BROWN JUL - 8 2005

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: PORT ST. LUCIE SUPER BUFFET, INC. (Name of corporation)		
DOCUMENT NUMBER: P01000085766		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
VIVIAN LIAO		
(Name of contact person)		
J & U TAX SERVCIES CENTER, INC. (Firm/Company)		
ONE EAST BROADWAY, 3RD FLOOR (Address)		
NEW YORK, NY 10038 (City/state and zip code)		
For further information concerning this matter, please call:		
VIVIAN LIAO (Name of contact person) (Area code & daytime telephone number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaînes Street Tallahassee, FL 32399		

; *_

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

		VICE-PRESIDENT	STATE
ZHANG, YU JIN	hereby resign as	VICE-PRESIDENT	ORIDA
		(Title)	
of PORT ST. LUCIE SUPER	R BUFFET, INC. Name of Corporation)		_ ,
P01000085766 (Document Number, if known)	a corporation organized ur	ider the laws of the State of	
FLORIDA			x .

(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