P01000116895

(Re	equestor's Name)	
(Ad	idress)	,
_ (Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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04/07/03--01095--005 **35.00



Off Resign 4/10/03

TRANSMITTAL LETTER

SUBJECT: Comida Tropical d/b/a Miami Tropic	al
(Name of Corporation)	
DOCUMENT NUMBER: P0/000 // 6895	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The enclosed Officer/Director Resignation for a Corporation and fee are all correspondence concerning this matter to the following:	submitted for filing. Please return
Christopher Marrero (Name of Person)	
(Filante of Follows)	
Comida Tropical	
(Name of Firm/Company)	 -
1399 North Military Trail	
(Address)	
West Palm Beach, FL 33409 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Floyd L. Ke//ey at (56/) 687: (Name of Person) (Area Code & Day	- 4233 rtime Telephone Number)
Enclosed is a check for \$ 35.00 made payable for the Florida Departmen	t of State.

TO:

Amendment Section Division of Corporations

Mailing Address:
Amendment Section
Division of Corporations PO Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER/DIRECTOR RESIGNATION FOR A CORPORATION

O3 APR -7 PH 3: 38
TALLAHASSEE, FLORIDA

I, _	Margarita Bernal	, hereby resign as	Vice President/Tr	easurer (Title)
of_	Comida Tropical Toc. (Name of C	orporation)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	P01000116895 (Document Number, if known		on organized under	the tax laws of the State of
	Florida			

FILING FEE IS \$ 35.00

(Signature of resigning officer/director)

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

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RESIGNATION

p	ate: 3/22/03
T	: CONIDATROPICAL
	Christopher MARRERO
D	ear diristophen
	Please be advised that the undersigned hereby tenders this resignation as ICE PRESIDENT TREASURED, effective immediately. Please acknowledge receipt and
: !	ceptance of this resignation.
	Thank you for your cooperation.
	Very truly, MEBarrel
	MARGARITA BERNAL
	Name
1	11701 LOST TREE WAY
	N-P4 (M BEACH, F L 3340) FAX# 625-1896
	FAX# 625-1896
	The foregoing resignation is hereby accepted and is effective as of this 22 day of
	14Ach. 2003.
	Company Company
	Bv: