## P01000122409

(Requestor's Name)	
(Address)	90
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<u>(</u>
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900067884439

Beef the applied work and a

FILED

06 MAR IS PH 3: 46

SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PLAZA TROPICAL SUPERMARKET, INC.
(Name of Corporation)
DOCUMENT NUMBER: P01000122409
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
LUIS DAVILA
(Name of Person)
DAVILA & TORRES, PA
(Name of Firm/Company)
911 N.MAIN ST., STE. 5
(Address)
KISSIMMEE, FL. 34744
(City/State and Zip Code)
For further information concerning this matter, please call:
LUIS DAVILA at (407) 933-0307
(Name of Person) at (407) 933-0307 (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, LUIS DE LA ROSA	, hereby resign as SECRETARY
	(Title)
of_PLAZA TROPICAL SUPERMA	4
(Name	of Corporation)
P01000122409	_, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	_
Lesis de	ignature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail ton of STATE Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, Florida 32314