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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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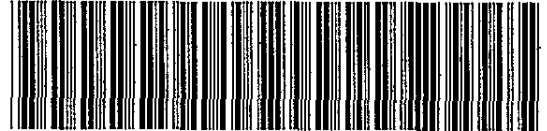
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE MESON RESTAURANT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000014706

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

AURA CARDENAS

(Name of Person)


(Name of Firm/Company)

3501 WEST VINE STREET SUITE 329

(Address)

KISSIMMEE, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

AURA CARDENAS at (407) 9321729
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AURA CARDENAS, hereby resign as DIRECTOR
(Title)

of THE MESON RESTAURANT
(Name of Corporation)

P02000014706, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA,


(Signature of resigning officer/director)

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03 MAY -2 PM 4:46
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