P02000041547

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	_Certificates	s of Status	
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TRANSMITTAL LETTER

SUBJECT: CAFE MARBELLA, INC.
(Name of Corporation)
DOCUMENT NUMBER: P02000041547
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Caridad Quinones (Name of Person)
CAFE MARGELLA INC. (Name of Firm/Company)
188 NE 3ºD GV. (Address)
Mam? Plane 33132 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 3773090 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Street Address:
Amendment Section Division of Corporations Amendment Section Division of Corporations
P.O. Box 6327 409 E. Gaines Street
Tallahassee, FL 32314 Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ļ	James Oropallo	, hereby resign as_	President/Director	
′-		- , , , -	(Title)	
of_	CAFE MARBELLA, INC.		,	
	(Name of Corporation	on)		
	P02000041547 , a corpor (Document Number, if known)	ration organized un	der the laws of the State of	
	Florida			
	El A (Signature of	MA A O O O O O O O O O O O O O O O O O O	03 FEB 17 AM 11: 47 ALLAHASSEE, 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