

P02000058014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700025632227

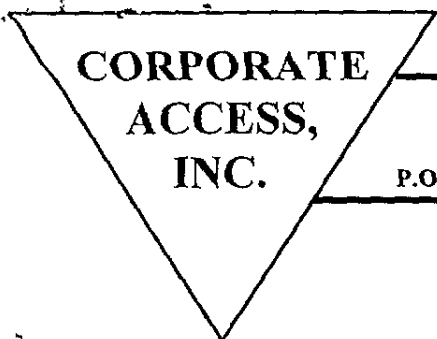
12/31/03--01047--020 **70.00

RECEIVED
03 DEC 31 PM 1:53
DIVISION OF CORPORATION

FILED
03 DEC 31 PM 2:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

12/31/03
12/31/03

\$35



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 12/31/03 Minister

☐ CERTIFIED COPY

CUS

☒ PHOTO COPY

☒ FILING

*Officer
Resignation*

1.) Taste A Culinary Adventure Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DANNY BENNETT, hereby resign as ASSISTANT SECRETARY
(Title)

of TASTE A CULINARY ADVENTURE INC.
(Name of Corporation)

P02000058014, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

03 DEC 31 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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