

P02000096513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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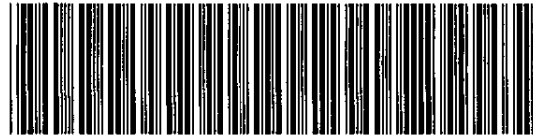
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off resign

NOV 30 2012

T. LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LE BON CAFE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000096513

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAZARO P. FUENTES
(Name of Person)

LE BON CAFE, INC.
(Name of Firm/Company)

818-2 EAST NEW HAVEN AVE
(Address)

MELBOURNE, FLORIDA 32901
(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO P. FUENTES at (321) 544-3271
(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**

FILED

2012 NOV 29 AM 11: 52


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBERT A. FUENTES, hereby resign as VICE-PRESIDENT
(Title)

of LE BON CAFE, INC.
(Name of Corporation)

P02000096513, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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