PU3000003665

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



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SECRETARY OF STAIL ALLAHASSEE FLORIDA

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: Miranda's European Cafe & Bistro (Name of Corporation)
Ç
DOCUMENT NUMBER: <u>P0300003665</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William H. Pincus (Name of Person)
Law Offices of William H. Pincus (Name of Firm/Company)
328 N. Lakeside Court (Address)
West Palm Beach FL 33407 (City/State and Zip Code)
For further information concerning this matter, please call:
William H. Pincus at (561) 868-1340 (Name of Person) (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,	ALDA	MIRANI	<i>A</i>	, hereby	resign as	PRESI	DEN	17	
					_		(Title)		
of	MI	PANDA'S	Surope Name of Corpora	ation)	afe e	Bistre),II	<u>n C</u> ·	,
P		003665 Number, if known)	, a corp	ooration org	anized und	er the laws of	f the Stat	e of	
	FLORI	DA							
		AM	(Signature	of resigning o	Macer/directo	r)	_ 		
			FILING	FEE IS \$3	5.00		SECRETARY OF STA	05 SEP 19 FM 1	FILED
							REC	=	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: