

P03000017143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

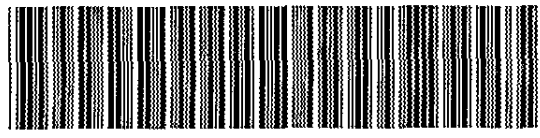
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/23/03--01019--018 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP 23 PM 3:50
FILED

RECEIVED
03 SEP 23 AM 10:41
STATE CORPORATIONS
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. IL FORNO MIO, INC. (Corporation Name) _____ (Document #) _____
- 2. _____ (Corporation Name) _____ (Document #) Resignation
- 3. _____ (Corporation Name) _____ (Document #) of
- 4. _____ (Corporation Name) _____ (Document #) officer

- Walk in
- Pick up time _____
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other


RA 9/23/03

Examiner's Initials

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Miguel Garcia, hereby resign as Secretary
of Il Forno Mio, Inc.
(Name of Corporation)
P03000017143, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

FILED
03 SEP 23 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X 
(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