

P 03000020438

(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



400138518824

12/10/08--01006--017 **35.00

FILED
08 DEC 10 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/O Resign.

12/17/08

De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CASA BRASIL @ CAFE LATINO, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000020438

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

Please return all correspondence concerning this matter to the following:

LUIS F. DURAN

(Name of Person)

CASA BRASIL @ CAFE LATINO, INC

(Name of Firm/Company)

5712 W WATERS AVE SUITE 8

(Address)

TAMPA, FL 33634.

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA SIQUEIRA

(Name of Person)

at (813) 881-9121

(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:

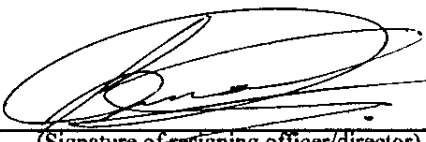
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUIS F. DURAN, hereby resign as VICEPRESIDENT
(Title)

of CASA BRASIL @ CAFE LATINO, INC.,
(Name of Corporation)

P03000020438, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)

FILED
08 DEC 10 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, 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