P0300002043P

,

questor's Name)		
dress)		
dress)		
y/State/Zip/Phone	e #)	
☐ WAIT	MAIL	
siness Entity Nan	ne)	
(Document Number)		
Certificates	s of Status	
Special Instructions to Filing Officer:		
	dress) dress) //State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates	

Office Use Only



200185413652

10/01/10--01017--004 **35.00

My De Resigne





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CASA BRASIL @ C	AFE LATINO, INC.
	(Name of Corporation)
DOCUMENT NUMBER: P030	000020438
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
ANA C. SIQUEIRA.	
(Name of Pers	on)
CASA BRASIL @ CAFE LATIN	O, INC.
(Name of Firm/Co	mpany)
5712 W. WATERS AVE, SUITE	E 8
(Address)	
TAMPA, FL 33634.	
(City/State and Zip	o Code)
For further information concerning	this matter, please call:
ANA C. SIQUEIRA.	at (813) 881-9121. (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
	•
Street Address:	Mailing Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Clifton Building	Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE, PLORIDA

(Title)

LUISA M. DURAN	, hereby resign as MGR	LOA
*	, notosy tosign au	(Title)
of CASA BRASIL @ CAFE LAT	ΓΙΝΟ, INC.	
	ne of Corporation)	
P03000020438 (Document Number, if known)	, a corporation organized under the la	aws of the State of
FLORIDA	·	
	(Signature of regioning 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