

PO3000047376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

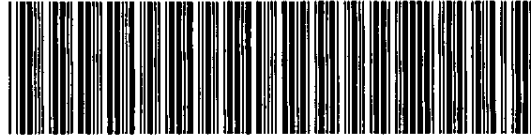
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700272760817

05/12/15--01016--010 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 12 PM 12:45

205/18

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Original Cafetin, Corp.

(Name of Corporation)

DOCUMENT NUMBER: P03000047376

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

Please return all correspondence concerning this matter to the following:

Lilia Mayneth Molina

(Name of Person)

The Original Cafetin, Corp.

(Name of Firm/Company)

6934 Collins Avenue

(Address)

Miami Beach, Florida 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Lilia Mayneth Molina

(Name of Person)

at (305) 865-5665

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

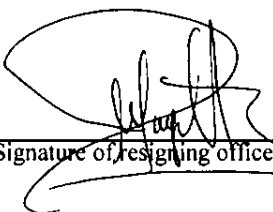
15 MAY 12 PM 12:45

I, Lilia Mayneth Molina, hereby resign as _____
President, Vice President, Secretary and Treasurer
(Title)

of The Original Cafetin, Corp.
(Name of Corporation)

P03000047376, 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