

PO30000048240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

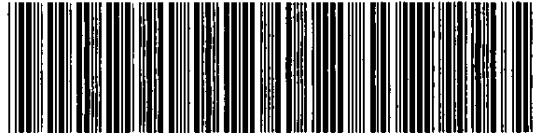
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TALLAHASSEE, FLORIDA
10 JAN 25 PM 2:57

OD/Res
@ 1/27/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAMIGON INC DBA/ DON BURRITO
(Name of Corporation)

DOCUMENT NUMBER: P03000048240

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

Please return all correspondence concerning this matter to the following:

ALINA GONZALEZ

(Name of Person)

FAMIGON INC.

(Name of Firm/Company)

10043 SW 72 STREET

(Address)

MIAMI FLORIDA 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

ALINA GONZALEZ

(Name of Person)

at (786) 375-0867

(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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JAN 25 PM 2:57

I, ALINA GONZALEZ, hereby resign as VD (Title)

of FAMIGON, INC.
(Name of Corporation)

P03000048240, 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