## (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_ Special Instructions to Filing Officer:

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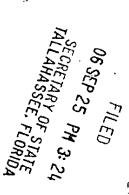
SECRETARY OF STATE SECRETARY OF STATE



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

AXEL MERCADO	, hereby resign as
.,	(Title)
of SABOR LATINO OF SOUTH FL	ORIDA, INC.
	Corporation)
P03000055995	, a corporation organized under the laws of the State of
(Document Number, if known)	, a corporation or gamma-or and the corporation or
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