03000065174

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	#)
·		_
☐ PICK-UP	☐ WAIT	MAIL
, (Bi	isiness Entity Nam	e)
(Dc	cument Number)	
Certified Copies	Certificates	of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hargrove's Grill and Catering, Inc (Name of Corporation)
DOCUMENT NUMBER: 903 0000 65174
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Allan Jra (Name of Person)
Hoxaraves Grill and Catering, Inc.
_ 16 Barnston Ln.
Palm Coast FL 32169
For further information concerning this matter, please call:
Robert Allan Tri at (386) 4458129 (Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, PAULA J. ALLEN hereby resign as VICE - PRESIDENT
of HATGROVES GRILLE ! CATERING INC. (Name of Corporation)
P0300065174 , a corporation organized under the laws of the State of (Document Number, if known)
FLORIDA
Stendure of resigning officer/director) Stendure of resigning officer/director) Stendure of resigning officer/director)

