P03000136233

(Re	equestor's Name)	
, (Ad	idress)	
· (Ad	idress)	
, (Cit	ty/State/Zip/Phone	÷#)
· 🗌 PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1
1 		
		ļ
		•

Office Use Only



900071759629

Off Resign

04/26/06--01029-

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Los Desperados De Okeechobee, No Constant Number: P03000/36233
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SRAE PEREZ VR. ESq. (Name of Person)
(Name of Firm/Company)
P.O. Box 832482 (Address)
MIAMI, FL. 33283 (City/State and Zip Code)
For further information concerning this matter, please call: SRAE

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



I Celia Medell	in .	, hereby resign as_	PRESIDENT	
~ <u></u>	<u> </u>		(Title)	
of LOS DESPER	ADOS DE OKEECH	OBĒE, INC.		
(Name of Corporation)				
10.3000/3/02 Document Number, if k	33 , a corpora	ation organized und	der the laws of the State of	
FLORIDA				
	Finlo	M 1.11	6.0	
(Signature of resignifing 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