P03000144044

| (Re | equestor's Name) | | | |
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| (Ad | ldress) | | | |
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| _ (Ad | ldress) | | | |
| | | <u> </u> | | |
| (Ci | ty/State/Zip/Phone | → #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
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| (Bu | ısiness Entity Narı | ne) | | |
| | | | | |
| (Do | cument Number) | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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M Resign

C.COULLIETTE

JUN 1 6 2010

EXAMINER

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | |
|--|---|--|--|--|--|--|
| SUBJ | ECT: RESIGNATION OF OFFICER | | | | | |
| | (Name of Corporation) | | | | | |
| DOCU | JMENT NUMBER:P03000144044 | | | | | |
| The en | iclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | | |
| LUIS | A. CHINEA | | | | | |
| | (Name of Person) | | | | | |
| OLG | A EXPRESS SUB-PASTA, INC | | | | | |
| - | (Name of Firm/Company) | | | | | |
| 1000 | 0 SW 56th STREET, STE 16 | | | | | |
| | (Address) | | | | | |
| MIAN | ИI, FL 33165 | | | | | |
| | (City/State and Zip Code) | | | | | |
| For fu | rther information concerning this matter, please call: | | | | | |
| LUIS | A. CHINEA at (305) 273-1323 (Area Code & Daytime Telephone Number) | | | | | |
| | (Name of Person) . (Area Code & Daytime Telephone Number) | | | | | |
| Enclos | sed is a check for \$35.00 made payable to the Florida Department of State. | | | | | |
| Amend Division Clifton 2661 E | Address: Idment Section On of Corporations On Building Executive Center Circle Sassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 | | | | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| L OLGA B. CHINEA | hereby resign as | PRESIDENT (PD) | | |
|--|------------------------------------|-----------------|--------------------------------|--|
| | , , , , , , , , , , , , , , , , , | | (Title) | |
| of_OLGA EXPRESS SUB-PASTA | | | | |
| (Name o | f Corporation) | 1 | • | |
| P03000144044 (Document Number, if known) | , a corporation organized un | der the laws of | the State of | |
| FLORIDA | | | | |
| | - ' | • | | |
| | gnature of resigning officer/direc | tor) | - 1347 135 13 | |
| F | ILING FEE IS \$35.00 | , | CRETARY OF SP LAHASSEE, FLO | |
| Make checks payable to | o Florida Department of S | tate and mail | PATE to: | |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314