P04000018374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000042708490

11/22/04--01007--008 **35.00

FILED
04 NOV 22 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/10/2024

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NUNEZ RESTAURANT INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000018374

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

Please return all correspondence concerning this matter to the following:

Alma S. Nunez
(Name of Person)

Nunez Restaurant Inc.
(Name of Firm/Company)

7749 Arble St.
(Address)

Jacksonville, FL. 32211
(City/State and Zip Code)

For further information concerning this matter, please call:

Alma Nunez at (904) 525-4254
(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

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
04 NOV 29 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ALICIA S NUNEZ, hereby resign as CHAIRMAN OF THE BOARD
(Title)

of NUNEZ RESTAURANT INC.
(Name of Corporation)

P04000018374
(Document Number, if known) a corporation organized under the laws of the State of

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