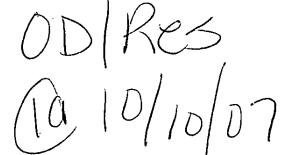
PO400018946

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only





600110200586

10/03/07--01012--001 **105.00

07 OCT -3 AM 9: 20

.....

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 1 Pque	TH JAUSCO, C	<u> </u>
DOCUMENT NUMBER: Po 4000	02 18946	
Please return all correspondence concerning the	is matter to the following:	
(Name	of Contact Person)	
Accounting e Pr	UF. SERVICES I	nc
399 F ENTER	prise st	
Ocoet, FC		
(City/ Si	·	
(Name of Contact Person)	at (407) 656.	-3883
Enclosed is a check for the following amount:		
□ \$35 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section of Corporation of	orations eet

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARIA E ALFATO	, hereby resign as SELTETARY
	(Title)
of TAqueria Jalisco	o TWC
(Name	of Corporation)
(Document Number, if known)	_, a corporation organized under the laws of the State of
Florisa	•

Morra E A/J' - 0
(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