

PO4000040654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

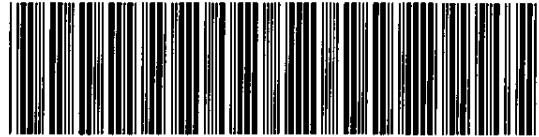
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/21/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOCACCIA VILLAGE INC
(Name of Corporation)

DOCUMENT NUMBER: P04000040654

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

Please return all correspondence concerning this matter to the following:

FABIAN LOAIZA

(Name of Person)

FOCACCIA VILLAGE INC

(Name of Firm/Company)

9808 SW 77TH AVE

(Address)

MIAMI FL 33156-2619

(City/State and Zip Code)

For further information concerning this matter, please call:

FABIAN LOAIZA at (305) 595-9552
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

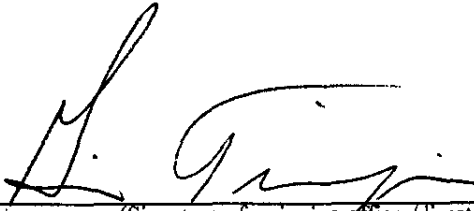
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GINA QUIROGA TIMPIN, hereby resign as PRESIDENT
(Title)

of FOCACCIA VILLAGE, INC.
(Name of Corporation)

P04000040654, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA USA


(Signature of resigning officer/director)

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07 DEC 20 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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