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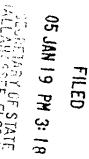
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning a Freita Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Sirar Resignation

T BROWN JAN 1 9 2005

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Restaurants of the South (Name of Corporation) DOCUMENT NUMBER: PO400052335
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRIGETTE Scarfone (Name of Person)
Restaurants of the South
(Name of Firm/Company)
5138 Chardonnay DR.
(Address)
CORAL SPRINGS, FL 330 6
(City/State and Zip Code)
For further information concerning this matter, please call:
Brigette Edactore at (954, 796-3364) (Name of Person) (Area Code & Daytime Telephone Number)
(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION OS JAN 19 PM 3: 18 I, Chad Mc DANIEL, hereby resign as Pesiolen + PRIDA (Title) OF RESTAURANT OF STATE (Total OF STATE (Title) OF RESTAURANT OF STATE (Title) OF RESTAURANT OF STATE (Title) OF RESTAURANT OF STATE (Title)

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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