## P04000058417

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
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Officer Resignation

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## **COVER LETTER**

Division of Corporations
SUBJECT: Conface's Sports Cafe, Inc. (Name of Corporation)  DOCUMENT NUMBER: PO 4000058417
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Person)
Coonface's Sports Cafe (Name of Firm/Company)
(Name of Firm/Company)
Soz N. Tanga St. (Address)
Tampa FL 33600 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 8433772 (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, Dana Coonface	, hereby resign as Vice President (Title)
of Coonfare's Sports (Name of Corpor	G Cafe Inc.
PO400058417 , a corp. (Document Number, if known)	poration organized under the laws of the State of
Florida	
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(Signature	verese Coordon Fig. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.

**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