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(Ad	dress)	
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(Cit	y/State/Zip/Phone i	#)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: up in Smoke Catering & Concession, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 4 0000 97281
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melody Tridico (Name of Person)
Up in Smake Catering - Concession Inc. (Name of Firm/Company)
195 West Granada Blv. (Address)
Ormand Beach Florida 32117 (City/State and Zip Code)
For further information concerning this matter, please call:
Melody Triclico at (407) 654-533) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	Melody	Tridico	herel	oy resign as	Secretary	Title)	eqse	'I WY
of	Upin	Smo Ke (Name	Catering of Corporation) V	q Conc	ression	In	<u>c.</u>	1
f	040000 9 77 (Document Numb	281 er, if known)	, a corporation o	organized unde	er the laws of th	e State	of	
· · · · · ·	Florida	<u> </u>					• •	
		Jula (Signature of resigning	officer/director)	TALLAH	05 JAN -3	
		Ŧ	TILING FEE IS	\$35.00		ASSEE, FLORIC	V-3 AM 10: 12	ILED

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

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