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COVER LETTER

SUBJECT: JAb JAb Gonzalez Corporation (Name of Corporation) DOCUMENT NUMBER: P04 000 104 808
•
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Kathia Gonzalez (Name of Person)
ACAPUICO LINDO MEXICAN REST. (Name of Firm/Company)
8950 SUSILWY ONE (Address)
Port St Lucie FL 34952 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 716-6423 (Area Code & Daytime Telephone Number)

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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, 人	Athia	Gonza	LEZ.	, hereby resign as	VICE-P) RESID (Title)	enT	
of	JAB J	AB Co	nz ALEZ ne of Corporatio	Corp	· <u></u>			_ ,
Po	400010 ocument Numbo	04 808 er, if known)	, a corpora	ation organized ur	der the laws of	the State o	of	
F	Florida	<u>. </u>	·					
			(Signature of re	Lesigning officer/direc	tor)	SEURETARY OF STATE TALLAHASSEE, FLORIE	06 JUN -5 PM 2: 52	FILED

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