P04000111981

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

R.A. Rusignation

12-13-07

COVER LETTER

Division of Corporations
SUBJECT: EBS FIESTAS CATERING & PARTY PLANNER, INC.
(Name of Corporation)
DOCUMENT NUMBER: P04000111981
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:
CLAUDIA SANCHEZ
(Name of Person)
EBS FIESTAS CATERING & PARTY PLANNER, INC
(Name of Firm/Company)
9774 SW 222 TERRACE
(Address)
MIAMI, FL 33190
(City/State and Zip Code)
For further information concerning this matter, please call:
CLAUDIA SANCHEZ at (786) 752-1166 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046(08/05) .

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2007 DEC 11 PM 3: 30
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Pursuant to the provisions of secti	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	EURIK D SANTANA
, 5 ,	(Name of Registered Agent)
hereby resigns as Registered Agent for	of for EBS FIESTAS CATERING & PARTY PLANNER, TAC.
norozy resigns as registered riger	(Name of Corporation)
P04000111981	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
EURIK D SA	NTANA
	(Typed or Printed Name)
REGISTERE	D AGENT
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL 32314