

PD4000128094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100059073561

09/09/05--01030--003 **35.00

FILED
05 SEP -9 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

DD/Res
@ 9/14/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BARILOCHE CAFE, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO4000128094

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA P. ESTRADA

(Name of Person)

(Name of Firm/Company)

1504 BAY ROAD, 32303

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY A. HARSHMAN, ESQ.

(Name of Person)

at (305) 279-9848

(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

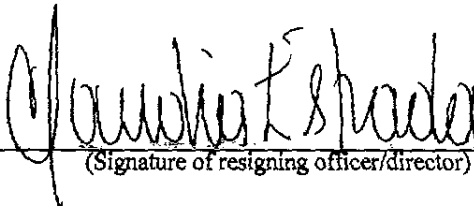
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CLAUDIA P. ESTRADA, hereby resign as PRESIDENT
(Title)

of BARILOCHE CAFE INC.
(Name of Corporation)

PO4000128094, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
05 SEP -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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