

PO4000136919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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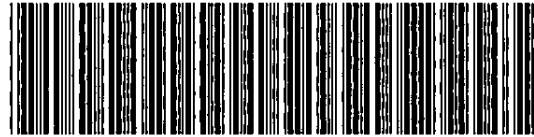
(Business Entity Name)

(Document Number)

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R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SABOR LATINO FOODS, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000136919

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

Please return all correspondence concerning this matter to the following:

ARTURO DEL FIERRO
(Name of Person)

SABOR LATINO FOODS, INC.
(Name of Firm/Company)

18628 SW 50TH CT
(Address)

MIRAMAR, FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

ARTURO DEL FIERRO at (786) 273-5715
(Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

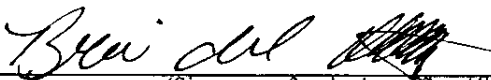
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BRIAN DEL FIERRO, hereby resign as PRESIDENT/DIRECTOR
(Title)

of SABOR LATINO FOODS, INC.,
(Name of Corporation)

P04000136919, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
11 JUN 28 AM 9:47
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