

POS000032571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

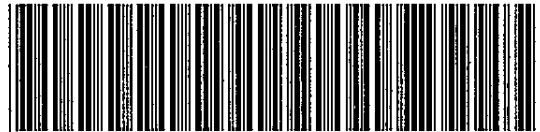
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600060161526

10/17/05--01024--008 **35.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

05 OCT 17 PM 12:06

FILED

OK of

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOODFRIENDS GRILL CORP.
(Name of Corporation)

DOCUMENT NUMBER: P05000032571

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MARLENE MONTENEGRO-TOIRAC
(Name of Person)

GOODFRIENDS GRILL CORP.
(Name of Firm/Company)

10855 SW 72 STREET, SUITE #47
(Address)

MIAMI, FL 33196
(City/State and Zip Code)

For further information concerning this matter, please call:

MARLENE MONTENEGRO-TOIRAC at (305) 542-2412
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

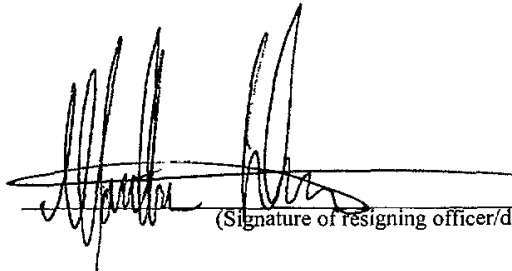
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARTHA DIAZ, hereby resign as PSD
(Title)

of GOODFRIENDS GRILL CORP.
(Name of Corporation)

P05000032571, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
05 OCT 17 PM 12:06
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