

P05000048693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

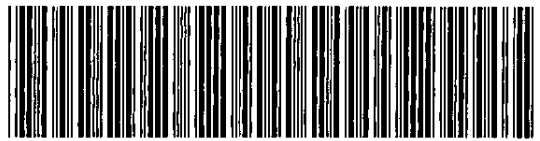
(Document Number)

Certified Copies _____

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200137355092

*Resignation
of Officer*

10/29/08--01008--010 **35.00

FILED
2008 OCT 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DOR
10/31/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAYAS MEXICAN RESTAURANT, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000048693

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

Please return all correspondence concerning this matter to the following:

EFRAIN ROSADO

(Name of Person)

MAYAS MEXICAN RESTAURANT, INC.

(Name of Firm/Company)

1293 SAND LAKE CIR.

(Address)

TAMPA, FL. 33613

(City/State and Zip Code)

For further information concerning this matter, please call:

EFRAIN ROSADO

(Name of Person)

at (813) 979-4711

(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

FILED
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

2008 OCT 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JUAN D. POSADAS, hereby resign as PRESIDENT/ DIRECTOR
(Title)

of MAYAS MEXICAN RESTAURANT, INC.
(Name of Corporation)

P05000048693, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

x Juan D Posadas
(Signature of resigning officer/director)

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