

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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R. WHITE



8527 PINES BOULEVARD, SUITE 201 PEMBROKE PINES, FLORIDA 33024 PHONE: 954-450-2585 FAX: 954-450-2595

November 2, 2016

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Pan Y Lunch Bakery Corp; Document # P05000069378

Dear Amendments Section:

Enclosed please find the following:

- 1. Check in the amount of \$70.00, to pay for the following:
  - a. Resignation of Vice President (\$35.00)
  - b. Filing of Articles of Amendment, changing registered agent and adding/removing officers; Requesting Certified Copy and Certificate of status. (\$35.00)

ruly yours,

Should you have any questions or concerns, please do not hesitate to contact me.

WWW.JJPLEGAL.COM

## TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

SUBJECT: PAN Y LUNCH BAKERY CORP.
(Name of Corporation)
DOCUMENT NUMBER: P05000069378
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Juan J. Perez
(Name of Person)
J. PEREZ LEGAL PA
(Name of Firm/Company)
8527 PINES BOULEVARD #201
(Address)
JPEREZ@JJPLEGAL.COM
(City/State and Zip Code)
For further information concerning this matter, please call:

JUAN J. PEREZ (Area Code & Daytime Telephone Number) (Name of Person)

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, ELLYS KAREL PASTRANA, hereby resign as VICE PRES	SIDE	ENT	Γ_
of PAN Y LUNCH BAKERY CORP.			. •
(Name of Corporation)  P0500069378  (Document Number, if known)  (Document Number, if known)	State of		
FLORIDA			
(Signature of resigning officer/director)			
CH INC FEE IC 625 00	700	16	
FILING FEE IS \$35.00  Make checks payable to Florida Department of State and mail to:		16 DEC -5	***

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314