P05000073885

| (F | Requestor's Name) | |
|-------------------------|----------------------|-----------|
| (<i>f</i> | Address) | |
| (A | Address) | |
| (0 | City/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | Business Entity Nan | ne) |
| i i | | |
| (C | Ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | o Filing Officer: | |
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COVER LETTER

Amendment Section Division of Corporations

TO:

| ; } ! | | | | | | | |
|---------------------------|---------------------------------|-----------|--------------------------------|-------------|----------------------|---------------|--|
| SUBJECT | : _ SANTO | DOMIN | NGO CAFE, | INC | | | |
| 3 | | | (Name | of Corpora | ation) | | · · · · · · · · · · · · · · · · · · · |
| DOCUME | NT NUMBER:_ | 1 | P05000073 | 385 | | | · |
| The enclos | ed Officer/Directo | r Resign | nation for a Co | orporation | and fee | are submitte | ed for filing |
| Please retu | rn all corresponde | nce con | cerning this m | atter to th | e follow | ing: | |
| | GILBERTO GAI | RCIA | 4 | <u> </u> | - (+ | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| | (Name | of Perso | on) | | | | |
| | (Name of F | irm/Con | npany) | ··· = · | general Constitution | | |
| | <u> </u> | | | | | | |
| 4 | 693 WEST FLA | AGLER | STREET | , | | | |
| | (Ad | ldress) | | | - | | · · |
| М | IAMI, FL 3 | - , | | <u></u> | <u> </u> | , | |
| | (City/State | and Zip | Code) | | | | |
| For further | information conce | erning th | his matter, plea | ase call: | | | |
| | | | | | | | |
| GI | LBERTO GARC: (Name of Person | ĮĄ | at (| 305) | 567- | 0610 | · · · · · · · · · · · · · · · · · · · |
| | (Name of Perso | on) | (| Area Code | & Dayti | me Telephone | e Number) |
| Enclosed is | a check for \$35.0 | 0 made | payable to the | : Florida [| Departmo | ent of State. | |
| | | | | | • | | |
| Street Add | ress: | | Mailing Add | | | | |
| Amendmen Division of | Corporations | | Amendment S Division of C | | s | | |
| Clifton Buil | ding tive Center Circle | | Division of C Post Office B | ox 6327 | | | |
| 2661 Execu Fallahassee | tive Center Circle, FL 32301 | | Tallahassee, I | L 32314 | | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | TRENE GARRIDO | hereby resign as | PRESIDENT | |
|----|--|--|-----------------------------|-------------|
| | 1. | | (Title) | |
| of | | AFE INC | <u> </u> | _, |
| P | 05000073885 (Document Number, if known) | , a corporation organized und | er the laws of the State of | |
| | ELORIDA | • | SLURETARY TALLAHASSE | 77 |
| | Tou | (Signature of resigning officer/director | AM 8 F FL0 | Û L L |

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