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(Re	equestor's Name)	
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PICK-UP		MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
Opecial matructions to	Tilling Officer.	
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: Cafe Bolero Jackson Ville Tire. (Name of Corporation) DOCUMENT NUMBER: POS 00 00 74988
DOCUMENT NUMBER: 0000014988
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) 534-8581 (Area Code & Daytime Telephone Number)
(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

Amendment Section

TO:

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Dobert Rolda	, hereby resign as Assistant Vice Resident
of <u>Cafe Bules</u> Posoooo74988 (Document Number, if known) Loaida	(Name of Corporation) _, a corporation organized under the laws of the State of

(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

SECRETARY OF SIATIONS
DIVISION OF CORPORATIONS