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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: Crome Grill (Name of Corporation)
DOCUMENT NUMBER: PO 5006 11 7 5 6 5
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)
3992 - S. TAMiami TRL (Address)
VENICIE 71 34293 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (941) 492 - 9899 (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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	TONY	Minjo	_, hereby resign as_	TREASU (Tit		
of_	The cro	Name of Corporat	rill, #A	ic.		,
\$10	DSOOON 756 (Document Number, if known		oration organized und	ler the laws of the	State of	
	7L					
	Jon	ef Min (Signature of	Fresigning officer/director	or)	07 MAY 21 AM 7: 05 SECRETARY OF STATE TALLAHASSEE, FLORID	

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