## P05000134949

| (Re                                     | equestor's Name)  |             |
|---|-------------------|-------------|
| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | MAIT              | MAIL        |
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SECRETARY OF STATE
TALLAHASSE



## **COVER LETTER**

Patio Grills & Design, Inc. (Name of Corporation) P05000134949 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Julia Rodriguez (Name of Person) Patio Grills & Design (Name of Firm/Company) 1549 San Rafael (Address) Coral Gables, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: Julia Rodriguez at ( 305 ) 607-7424 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Post Office Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I. Julia Ledon                           | , hereby resign as Secretary                  |                          |  |
|--|---|--------------------------|--|
|  | , heroby resign us                            | (Title)                  |  |
| of Patio Grills & Design, Inc.           |   |                          |  |
| ()                                       | Name of Corporation)                          |                          |  |
| P05000134949 (Document Number, if known) | , a corporation organized under the laws of t | he State of              |  |
| Florida                                  |   |                          |  |
| - Ja                                     | Signature of resigning officer/director)      | 06 OCT -9 SECRETARY OF   |  |
|  | FILING FEE IS \$35.00                         | M 10: 53 F STATE FLORIDA |  |

Make checks payable to Florida Department of State and mail to:

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