## .P05000142666

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	:/Zip/Phone #)
	_
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Unicer:

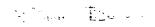
Office Use Only



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05 NOV 28 PM 1: 17
SECRETARY OF STATE
TALLAHASSEE EL GOIDA





## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: 5TN + & Restaurant Corp. (Name of Corporation)
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:
Nicole M. Mercaro (Name of Person)
JN + B R STAMPANT CURP. (Name of Firm/Company)
12585 N.C. 7 D Avenue (Address)
NORTH MIAMI GOLDA 33161 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 298-68/8  (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

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

OFFICER / DIRECTOR RESIGNATION NOW 28 PM 1: 17	
1. Nicole M. MERCADO hereby resign as Secretary	-,-
of SN+B RESTAURANT CURP. (Name of Corporation)	
P05000142666 , a corporation organized under the laws of the State of (Document Number, if known)	
Fronioa.	
(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