## P06000062905

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
:			

Office Use Only



500236765345

06/26/12--01008--015 \*\*35.00

M/RD Resign

F JUN 26 AM DI 45

JUN 2 8 2012

T. ROBERTS

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Resignation	
	(Name of Corporation)
DOCUMENT NUMBER:	P060000062905
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponden	ce concerning this matter to the following:
Emily Duarte	
(Name o	f Person)
Numero Uno Restaurant	
(Name of Fir	rm/Company)
2499 S. Orange Ave.	
(Add	ress)
Orlando FL. 32806	
(City/State a	nd Zip Code)
For further information concer	ning this matter, please call:
Emily Duarte	at ( 407 ) 7979882  (Area Code & Daytime Telephone Number)
(Name of Person	n) (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 FOR A CORPORATION JUN 26 AM ID: 45

SECRETARY OF STATE TALLAHASSEE FLORIDA

I. Diego Gonzalez	, hereby resign as	Officer - DIRECTOR
-7		(Title)
of Gonzalez Numero Uno Inc.		
(Nam	e of Corporation)	/
P06000062905	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		

(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