

PD6000124073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

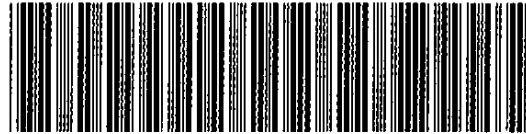
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Officer Resign  
Chris Murphy  
2/7/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PALM RESTAURANT SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 06000124073

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaime A Stricklin, Esq.  
(Name of Person)

Ostrzenski & Stricklin, PA  
(Name of Firm/Company)

900 E. Hillsboro Blvd Suite A  
(Address)

Deerfield Beach, FL 33441  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jaime A Stricklin, Esq. at ( 954 ) 229-2468  
(Name of Person) (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

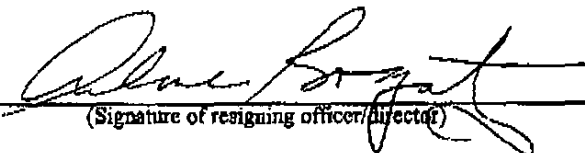
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I ARLENE BOGATZ, hereby resign as PRESIDENT/DIRECTOR  
(Title)

of PALM RESTAURANT SERVICES, INC.,  
(Name of Corporation)

PO6000124073, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
08 FEB -4 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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