

PAID 000145349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

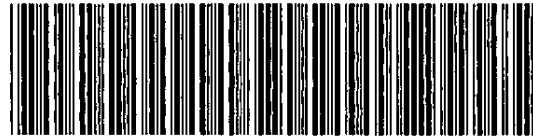
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900296675099

03/20/17--01006--001 **35.00

0110 Feb

MAR 23 2017

A. WOLFE

17 MAR 20 AM 11:05
MAR 20 2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CACHE RESTAURANT AND CAFETERIA INC
(Name of Corporation)

DOCUMENT NUMBER: P06000148349

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

Please return all correspondence concerning this matter to the following:

YOSVANIS PENA

(Name of Person)

(Name of Firm/Company)

PO BOX 145246

(Address)

CORAL GABLES

(City/State and Zip Code)

For further information concerning this matter, please call:

YOSVANIS

(Name of Person)

at **305 6479174**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

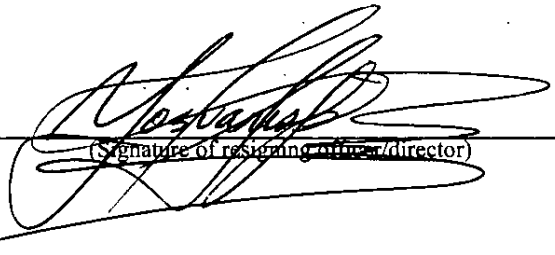
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, YOSVANIS PENA, hereby resign as PRESIDENT- V. PRESIDENT.- SECR.-T.
(Title)

of CACHE RESTAURANT AND CAFETERIA INC,
(Name of Corporation)

P06000148349, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

17 MAR 20 AM 11:05
MAR 16 2011
MAR 16 2011

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