## POG00154906

(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:





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SECRETARY OF STATE
AND ANASSEE, FLORID

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	HIGH TIDE PIZZA KITCHEN, INC.
·	(Name of Corporation)
DOCUMENT NUMBI	ER: P06000154206
The enclosed Officer/D	rector Resignation for a Corporation and fee are submitted for filing
Please return all corresp	ondence concerning this matter to the following:
ARCHIE J. RY	AN III
1)	Name of Person)
RYAN & RYAN,	LLC
(Nam	e of Firm/Company)
700 EAST DAN	IA BEACH BLVD. THIRD FLOOR
	(Address)
DANIA BEACH,	FLORIDA 33004
(City/	State and Zip Code)
For further information	concerning this matter, please call:
ARCHIE J. RYAN I	all l
(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 C Tallahassee, FL 32301	Post Office Box 6327

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	GARY R. GARCIA	, hereby resign as President,		and Director
			(Title)	
of_	HIGH TIDE PIZZA KITCHEN			******
	(Name of	Corporation)		
	P06000154206 (Document Number, if known)	, a corporation organized under the laws o	f the State of	
	Florida			,.
		20.	O7 JUN -1	77
	<i>5</i>	relature of resigning officer/director)  R. GARCIA	8 PH 2: 3	

**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