## 207000013926

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

Office Use Only



200212030862

\*\*35.00 09/19/11--01012--011

off. PR6.

ABRANDO 9-20-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ARICL Sea FOOD of West PAH Black DOCUMENT NUMBER: POT 000013926
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)  Driel Deaford af West Palm Black  (Name of Firm/Company)  10519 (Paclence) St. West Palm Brack, Af 33414-315  (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
VanilET Bellido de LUNA at (305) 5088047 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Ferson) (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,	
of and Deafood of West Palm Black, Inc. (Name of Corporation)	٠, ز
(Document Number, if known)  (Document Number, if known)  (Document Number, if known)	
Floreda.	~,
	! == 
Chartano de 1900 3	O

## 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