

P07000015662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

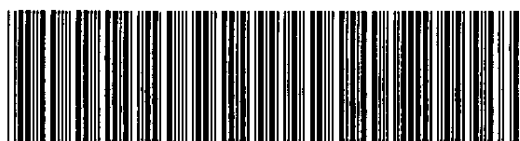
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

okf. Resign.

TB

6/25/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SABOR CARIBENO CORP.
(Name of Corporation)

DOCUMENT NUMBER: P07000015662

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

Please return all correspondence concerning this matter to the following:

MERCEDES RUIZ

(Name of Person)

(Name of Firm/Company)

9125 SW 17 TERRACE

(Address)

MIAMI, FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

MERCEDES RUIZ

(Name of Person)

at (**786**) **525 - 0794**

(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**


FILED
2009 JUN 22 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MERCEDES RUIZ, hereby resign as PRESIDENT
(Title)

of SABOR CARIBENO CORP.
(Name of Corporation)

P07000015662, 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