## P0700010279

(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:			
		ļ	
		•	

Office Use Only

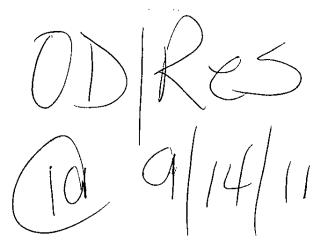


500211788065

09/12/11--01037--030 \*\*122.50

11 SEP 12 AH 11:07

SECURE TARY, OF STATE OF STATE



## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUB	ECT: Bushido Sushi Incorporated (Name of Corporation)	_
DOC	UMENT NUMBER: P07000016279	_
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for fil	ing.
Pleas	return all correspondence concerning this matter to the following:	
Hou	Yam	
	(Name of Person)	
Bus	nido Sushi Incorporated	
	(Name of Firm/Company)	
125	W Venice Ave	
,	(Address)	
Ven	ce, FL 34285	
	(City/State and Zip Code)	
For fi	rther information concerning this matter, please call:	
Davi	t N Macrae at ( 941 ) 586-1192 (Name of Person) (Area Code & Daytime Telephone Number	_
	(Name of Person) (Area Code & Daytime Telephone Number	;r)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.	
Amer Divis Clifto 2661	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle lassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

David N Macrae	hereby resign as	President and Treasurer	
**		(Title)	
of Bushido Sushi Inc Orp	orated		
	(Name of Corporation)		
P07000016279 (Document Number, if known	, a corporation organized un	nder the laws of the State of	
Florida	·		
	(Signature of resigning officer/direction	ntor)	
70	(Signature of resigning officer/direc		

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