

P071000050248

(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



700136847107

Resignation
of officer

10/16/08--01027--005 **35.00

FILED
2008 OCT 16 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/21/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MI SABOR SALES CORP
(Name of Corporation)

DOCUMENT NUMBER: P07000050248

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

Please return all correspondence concerning this matter to the following:

Santos Sandin
(Name of Person)

Mi Sabor Sales Corp
(Name of Firm/Company)

2423 SW 147 Avenue #184
(Address)

Miami, Florida 33185
(City/State and Zip Code)

For further information concerning this matter, please call:

Santos Sandin at (551) 795-2441 / 551-795-6725
(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 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

2008 OCT 16 PM 4:15

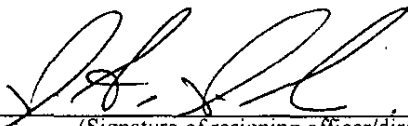
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Santos Sandin, hereby resign as VP
(Title)

of Mi Sabor Sales Corp
(Name of Corporation)

P07000050248, 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