

P07000056179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

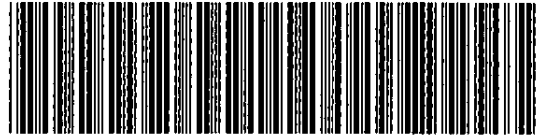
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OD/Res  
@ 6/2/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RESTAURANTE SABOR CENTRO AMERICANO, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000056179

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

Please return all correspondence concerning this matter to the following:

AZUCENA MENDEZ

(Name of Person)

RESTAURANTE SABOR CENTRO AMERICANO, II

(Name of Firm/Company)

5716 CODY STREET

(Address)

HOLLYWOOD FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

AZUCENA MENDEZ

(Name of Person)

at ( 954 ) 226-4613

(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, WILLMOR MEZA, hereby resign as VICE PRESIDENT  
(Title)

of RESTAURANTE SABOR CENTRO AMERICANO, INC.  
(Name of Corporation)

P07000056179, 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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS