

PO7LXX064301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

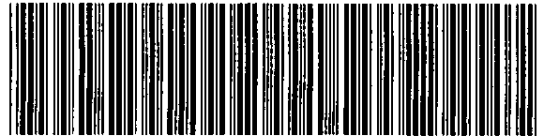
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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Los Ramirez Cafeteria, Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000064301

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

Please return all correspondence concerning this matter to the following:

Alexander Ramirez  
(Name of Person)

Los Ramirez Cafeteria, Corp.  
(Name of Firm/Company)

2591 Riverland Dr. Unit W  
(Address)

Fort Lauderdale, Fl. 33312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Ramirez at ( 305 ) 763-5774  
(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:**

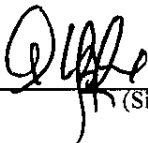
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alexander Ramirez, hereby resign as Vice President  
(Title)

of Los Ramirez Cafeteria Corp.  
(Name of Corporation)

P07000064301, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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