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COVER LETTER

MARINA BAY BAR AND GRILL, INC (Name of Corporation) **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LIVIO ABREU (Name of Person) **PRESIDENT** (Name of Firm/Company) 7601 E. TREASURE DRIVE, SUITE CU-21 (Address) NORTH BAY VILLAGE, FLORIDA 33141 (City/State and Zip Code) For further information concerning this matter, please call: LIVIO ABREU (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section **Mailing Address: Amendment Section Division of Corporations Division of Corporations** Clifton Building

Post Office Box 6327 Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,JOSE ALFONSO	, hereby resign as	(Title)
of MARINA BAY BAR AND G	RILL, INC ame of Corporation)	
(Document Number, if known)	, a corporation organized under the la	ws of the State of
FLORIDA		
	Signature of resigning officer/director)	98 JUN 25 PA
	FILING FEE IS \$35.00	1:55

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

I, Jose Alfonso do hereby resign my position, shares and ownership with MARINA BAY BAR AND GRILL, INC., a Florida company. I direct that my shares be transferred back to the company immediately.

Dated, this the 4th day of June, 2008
Jose Alfonso
STATE OF FLORIDA COUNTY OF DADE
BEFORE ME, the undersigned authority, the foregoing instrument was sworn to and subscribed before me this 24 day of, 2008, by, who is: [1] is personally known to me, or
[] has produced as as ldentification and who did (did not) take an oath.
- Tuliburu acknowledged before me that he read and executed the same and that the facts contained therein are true and correct.
WITNESS my hand and official seal in the state and county first above written.

My commission expires:

