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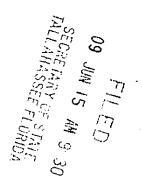
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ASÍAN CUÍSÍNE (Name of Corporation)
DOCUMENT NUMBER: 07000078926
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filir
Please return all correspondence concerning this matter to the following:
THEERAYUT CHIAMKHACHORNYOS (Name of Person)
(Name of Firm/Company)
623 N.E. 2 ^{Ny} ST, #4 (Address)
(Address)
HALLANDALE, FL. 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
THEERAYUT CHIAMKHACHOON- at (954) 457-1236 (Name of Person) 405 (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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, THEER AYUT	CHIAMKHACHO	RNYOS	, hereby resig	n as SECRE	7ARY (Title)		_
of ASLAN	CUISINE (Nar	ne of Corpora	ition)	*******************************			,
P 0 7 0 0 0 0 7 (Document N	8926 Number, if known)	, a corp	oration organize	d under the law	s of the Stat	te of	
FLORIDA	······································	·············					
	My	(Signature o	Current of the second of the s	director)	HALLAHASSEE FLORID	SECKETAVA DE STATI	

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