

P07000088463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

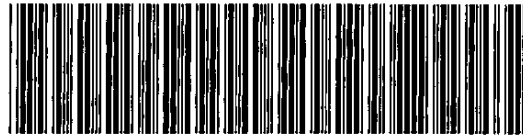
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

07/05/01
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUBAN PALMS CAFE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000088463

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

Please return all correspondence concerning this matter to the following:

MARITZA LOPEZ
(Name of Person)

CUBAN PALMS CAFE, INC.
(Name of Firm/Company)

8778 FORT SOCUM VILLAGE WAY
(Address)

LAKELAND, FLORIDA 33810
(City/State and Zip Code)

For further information concerning this matter, please call:

MARITZA LOPEZ at (786) 393-7457
(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, MARITZA LOPEZ, hereby resign as PRESIDENT
(Title)

of CUBAN PALMS CAFE, INC.
(Name of Corporation)

P07000088463, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA. EFFECTIVE DATE 9-21-07.

M. Lopez

(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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