

P 07000094467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

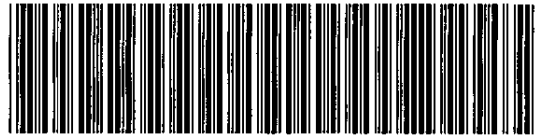
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TALLAHASSEE, FLORIDA

O/D Resign.

10/29/07

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RICO'S RIBS II, INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000094467

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

Please return all correspondence concerning this matter to the following:

C HOLLANDER & ASSOC. INC

(Name of Person)

(Name of Firm/Company)

1515 N UNIVERSITY DR STE 206

(Address)

CORAL SPRINGS FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

C HOLLANDER & ASSOC INC

(Name of Person)

at (954) 346-9119

(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

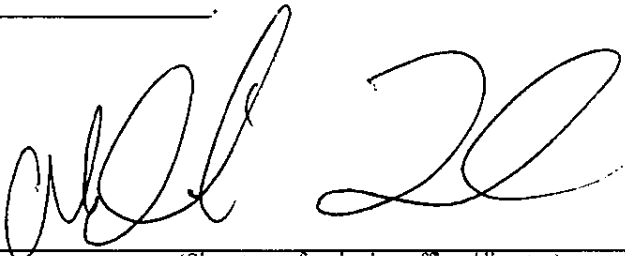
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALBERT LUBIN, hereby resign as VP/D/S
(Title)

of RICO'S RIBS II, INC.
(Name of Corporation)

P07000094467, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director) 10/23/07

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
TALLAHASSEE, FLORIDA