## P07000107167

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE
AHASSEE, FLORID

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: South Flon of Corporation)  Name of Corporation)  Name of Corporation)			
DOCUMENT NUMBER: P 007000/07/67			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ONILIA VALLE (P) (Name of Person)			
SOUTH FLORIDA CAFE Enterprises Inc (Name of Firm/Company)			
9775 NW 12th Street (Address)			
MIAMI, FL 33172 (City/State and Zip Code)			
For further information concerning this matter, please call:			
CESAL NOUNGOEZ at (561) 598 2634 (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 Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

CR2E044(08/05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of South Florida Care Ewsens  (Name of Corporation)	Γitle)	- - 8	- Inc
P07000107167 a corporation organized under the laws of the (Document Number, if known)	e State of	f	
Florida			
(Signature of resigning officer/director)	SECRETA TALLAHAS	08 MAR 25	
FILING FEE IS \$35.00	RY-OF STA	5 AM 10: 2	

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

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