75800000

. (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ılv



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09/29/08--01043--006 **35.00

officer Presignation

TB 10/7/08

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Maria Balderrama (Name of Person) Cafe Vecuro, Inc. (Name of Firm/Company)
6159 Metrowest Blud #108 (Address)
Orlando, FC 32835 (City/State and Zip Code)
For further information concerning this matter, please call:
Maria Baberrama at (40) 733-0637 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION IN SECURITY OF THE CONTROL OF T

(Signature of resigning officer/director)

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