P08000008278

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100159762761

08/26/09--01019--007 **35.00

SECRETARY OF STATE

off. Resign.

TF

AUG 27 2009

COVER LETTER

(afe Vecina Inc
SUBJECT: (Name of Corporation)
SUBJECT: Cafe Vecino, Inc (Name of Corporation) DOCUMENT NUMBER: PO 800006 8 278
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael Lombardo (Name of Person)
(Name of Firm/Company)
6105 Metrowest Blvd #106 (Address)
(Address)
Orlando, FC 32835 (City/State and Zip Code)
(City/Stafe and Zip Code)
For further information concerning this matter, please call:
MICHAEL LOMBARDO at (407) 963 6836 (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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MICHAEL		VICE F	PRESIDE ~7
of CAFE V	ECINO, Inc ne of Corporation)		,
P08000008278 (Document Number, if known)		the laws of the	State of
FLORIDA	·		2009 SEC
		-	FIL 2009 AUG 26 SECRETARY
	(Signature of resigning officer/director)	5	AMII: 28

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