

P08000037478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

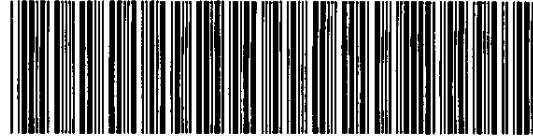
(Business Entity Name)

(Document Number)

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2016 OCT -5 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

10/14/16

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEIDIS BAKERY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000037478

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

Please return all correspondence concerning this matter to the following:

**Patricia Inclan**

(Name of Person)

**Leidis Bakery, Inc.**

(Name of Firm/Company)

**7395 Davie Road Ext.**

(Address)

**Davie, Fl. 33024**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Patricia Inclan**

(Name of Person)

at ( **754** ) **204-2400**

(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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

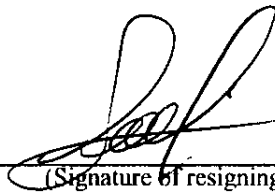
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Abelardo Inclan, hereby resign as President & Director  
(Title)

of Leidis Bakery, Inc.  
(Name of Corporation)

P08000037478, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

FILED  
2018 OCT -5 PM 2:43  
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