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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #))
☐ PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)	
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Certified Copies	Certificates of	Status
		
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

off. Resign.

TB 2-20,09

COVER LETTER

Amendment Section Division of Corporations

TO:

_								
SUBJECT: 4 RESTAURANT SERVI	CES, INC.							
·								
DOCUMENT NUMBER: PΦ8ΦΦΦ5	¢436							
The enclosed Officer/Director Resignation for a	Corporation and fee are submitted for filing							
Please return all correspondence concerning this	matter to the following:							
SANTI MONGKOLSINDHU (Name of Person)	· · · · · · · · · · · · · · · · · · ·							
4RESTAURANT SERVICES IN (Name of Firm/Company)	1C							
139 CALLE LARGO DR. (Address)								
HOLLYWOOD, FL 33021 (City/State and Zip Code)								
For further information concerning this matter,	please call:							
SANTI MONGKOLSINDHU at (Name of Person)	(305) 495-9862 (Area Code & Daytime Telephone Number)							
Enclosed is a check for \$35.00 made payable to	the Florida Department of State.							
Division of Corporations Division of Clifton Building Post Office	Address: ent Section of Corporations ce Box 6327 ee, FL 32314							

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	PICHET	KOMOLVA	ISRI	, hereby resign as	VICE	PRESIDE (Title)	ENT	
of_	4RES	TAURANT	SERVICES,				,	
	P\$\$\$\$\$\$\$(Document	050436 1 Number, if know	, a corp	poration organized u	nder the la	nws of the St	ate of	·
	FLORIE	DA	·					
			(Signature	of resigning officer/dire	ctor)	TALLAII	2009 FEB 19 PH 12: 02 SECRETARY OF STATE SECRETARY OF STATE	FILED

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