08000053650

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

| SUBJECT: ACAPULCO EN FLORIDA (Name of Corporation) DOCUMENT NUMBER: PO 800053450 | Inc |
|---|---|
| DOCUMENT NUMBER: 1000053650 | |
| The enclosed Officer/Director Resignation for a Corporation and for | ee are submitted for filing. |
| Please return all correspondence concerning this matter to the follow | wing: |
| HECTOR M CHAVEZ (Name of Person) | |
| ACAPULO EN FLORIDA INC (Name of Firm/Company) | Mailing address |
| 744 US Highway 195E (Address) | 5741 Rolling Hills Rd Milton, 17 32570 |
| CRYSTAL River Ft 34429 (City/State and Zip Code) | |

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

For further information concerning this matter, please call:

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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, HECTOR DCHAVE | , hereby resign as | SECRETARY (Title) |
|---|--|-------------------------------|
| of ACAPULCO FI | I Florida Income of Corporation) | 7, |
| Po 8000536 50 (Document Number, if known) | , a corporation organized un | ider the laws of the State of |
| FLORIDA | · | |
| (1 | | . 1 \$. ∽ |
| _ Hear | (Signature of resigning officer/direct | 100 AUG 1 |

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