

P08000061043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

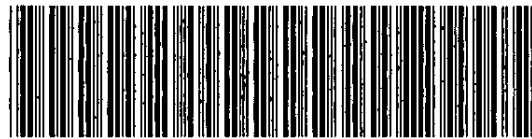
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign.*

Q. Gouffette JUL 07 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SABOR CALENO RESTAURANT, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000061043

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

Please return all correspondence concerning this matter to the following:

MIRIAM RAMIREZ

(Name of Person)

SABOR CALEÑO RESTAURANT, INC

(Name of Firm/Company)

12705 NW 42 AVE

(Address)

OPALOCKA, FL 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

RAMIREZ MIRIAM at ( 786 ) 521-8261

(Name of Person)

(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

**Mailing Address:**

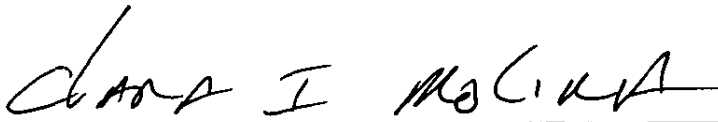
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CLARA I MOLINA, hereby resign as VICE PRESIDENT  
(Title)

of SABOR CALEÑO RESTAURANT, INC  
(Name of Corporation)

P08000061043, a corporation organized under the laws of the State of  
(Document Number, if known)

  
(Signature of resigning officer/director)

**FILED**  
08 JUL -3 PM 4:12  
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