## B800084184

(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:	]
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SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

2009 DEC 23 AM 9: 25



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

OVD IN OF	LA GIRALDILLA CAFE, INC.			
SUBJECT:	(Name of Corporation)			
DOCUMENT NUMBER:	P08000084484			
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing			
Please return all correspondence	concerning this matter to the following:			
ALBA D. N	DAS			
(Name of I	Person)			
LA GIRALDILLA (	CAFE, INC.			
(Name of Firm	(Company)			
8688 NW 13 TER	RACE			
(Addre	ss)			
MIAMI, FLORIE	DA 33126			
(City/State and	Zip Code)			
For further information concerni	ng this matter, please call:			
ALBA D. NOAS	at ( 786 ) 327-9213 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 n	nade 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,	JULIO F. LARA	, hereby resign as DIRECTOR/PRESIDENT
		(Title)
of		LLA CAFE, INC.
	(Name of	Corporation)
	P08000084484 (Document Number, if known)	, a corporation organized under the laws of the State of
	FLORIDA	
	<del></del>	T. LARA  SECRETARY UT SIA  gnature of resigning officer/director)  AN 9:

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