

PO8000097820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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off. Resign.

TB

OCT - 6 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BOCADITO EXPRESS, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** PO8000097820

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monique K. PARDO  
Name of Contact Person

BOCADITO EXPRESS, Inc.  
Firm/Company

330 SW. 27th Ave. Suite 408-A  
Address

MIAMI FL 33135  
City/State and Zip Code

moniquek.pardo@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique K. PARDO at (786) 390.3542  
Name of Contact Person Area Code & Daytime Telephone Number

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Roberto Bouzo, hereby resign as PSD  
(Title)

of BOCADITO EXPRESS, INC.  
(Name of Corporation)

908000097820, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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**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