

Po9000004400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

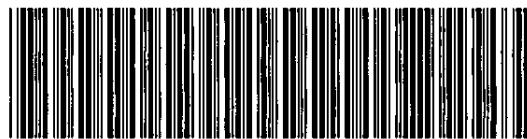
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200241490052

11/21/12--01007--018 ***35.00

FILED
12 NOV 21 PMB:32
STILLWATER, OK
TALLAHASSEE, FLORIDA

26

NOV 26 2012
C. MUSTAIN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Juney's Caribbean Cuisine, Inc
(Name of Corporation)

DOCUMENT NUMBER: P09000004400

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

Please return all correspondence concerning this matter to the following:

Maureen Shaw

(Name of Person)

Juney's Caribbean Cusine, Inc

(Name of Firm/Company)

18400 NW 2nd Ave

(Address)

Miami, FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

Maureen Shaw

(Name of Person)

at 305- **610-8556**

(Area Code & Daytime Telephone Number)

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Maureen Shaw, hereby resign as Director
(Title)

of Juney's Caribbean Cuisine, Inc,
(Name of Corporation)

P09000004400, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

X Maureen Shaw
(Signature of resigning officer/director)

12 NOV 21 PM 12:32
S. C. L. 2012
TALLAHASSEE, FLORIDA
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