## P0900012339

•
(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



800210093478



07/13/11--01034--012 \*\*35.00

010 Resign 07/22/11

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: BARRIO LATIN	O RESTAURANT ON SUNSET, INC
ı	(Name of Corporation)
DOCUMENT NUMBER:'	-09000012339
The enclosed Officer/Director I	Resignation for a Corporation and fee are submitted for filing
Please return all correspondenc	e concerning this matter to the following:
EDWIN SCHEER	
(Name of	Person)
BARRIO LATINO RESTAU	RANT ON SUNSET, INC
(Name of Fire	n/Company)
1559 SUNSET DRIVE	
(Addr	ess)
CORAL GABLES, FL 3314	3
(City/State an	d Zip Code)
For further information concerr	ning this matter, please call:
JENNIFER SCHEER	at ( 305 ) 692-4455 (Area Code & Daytime Telephone Number)
(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, EDWIN SCHEER	, hereby resign as SECRETARY	
1,	, nereby lesign as	(Title)
of BARRIO LATINO RESTAUR	RANT ON SUNSET INC.	
(Nar	ne of Corporation)	
P0900012339 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA		
	(Signature of resigning officer/director)  FILING FEE IS \$35.00	M JUL 19 AH 8: 32 SECRETARY OF STATE ALL AHASSEF SLADIO
	FILING FEE 15 \$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