

P09000023980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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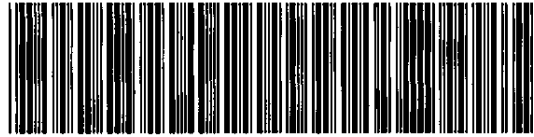
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LA MIA CAFE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000023980

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

Please return all correspondence concerning this matter to the following:

SHARON L. FRAME

(Name of Person)

(Name of Firm/Company)

7720 ALHAMBRA BLVD.

(Address)

MIRAMAR, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON L. FRAME

(Name of Person)

at ( 954 ) 793-2360

(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, SHARON L. FRAME, hereby resign as VICE PRESIDENT  
(Title)

of LA MIA CAFE, INC.  
(Name of Corporation)

P09000023980, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

*Sharon L. Frame*  
(Signature of resigning officer/director)



**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

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**TALLAHASSEE FLORIDA**