P09000034641

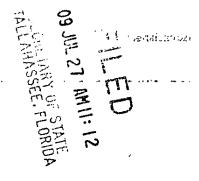
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP, WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies ক্রেCertificates of Statu <u>s</u>
Special Instructions to Filing Officer:
·

Office Use Only



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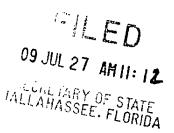
Off lesign Theurs 7-24-09

COVER LETTER

Division of Corporations	
· SUBJECT: An Old Florida Ca	ife, Corp
	(Name of Corporation)
DOCUMENT NUMBER: PO	9900034641
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Stevie Lague	
(Name of P	erson)
An Old Florida Cafe	•
(Name of Firm/	Company)
818 Pennsylvania Ave.	
(Addres	(s)
St. Cloud Florida 34769	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Stevie Lague	at (407) 361-2085 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



April Leavitt	, hereby resign as
**	(Title)
of An Old Florida Cafe, C	Corp ,
	(Name of Corporation)
P09000034641	, a corporation organized under the laws of the State of
(Document Number, if know	vm)
Florida	
	
	(Signature of resigning officer/director)
, *	(Signature of resigning officer/director) Apil Leavith (Treasurer)
-	

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