

P090000047644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

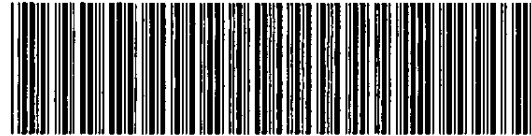
(Business Entity Name)

(Document Number)

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Dr/Ed Lugo

FILED  
11 JAN 24 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EL RINCON DEL SABOR RESTAURANT INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000047644

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

Please return all correspondence concerning this matter to the following:

WELSELY DESENA

(Name of Person)

EL RINCON DEL SABOR RESTAURANT INC

(Name of Firm/Company)

7530 W WATERS AVE

(Address)

TAMPA, FL 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

WELSELY DESENA

(Name of Person)

at ( 813 ) 300-2925

(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**


**FILED**  
11 JAN 24 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, WELSELY DESENA, hereby resign as PRESIDENT  
(Title)

of EL RINCON DEL SABOR RESTAURANT INC  
(Name of Corporation)

P09000047644, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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