

P090000064201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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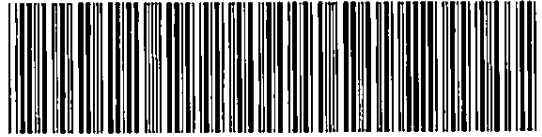
(Business Entity Name)

(Document Number)

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2018 JAN 26 AM 10:00

JAN 30 2019  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Las Cholitas Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 9000064201

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

Please return all correspondence concerning this matter to the following:

**JAIME R. AREVALO**

(Name of Person)

**LAS CHOLITAS INC.**

(Name of Firm/Company)

**1831 N. PINE ISLAND RD.**

(Address)

**PLANTATION, FL 33322**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JAIME R. AREVALO** at ( 954 ) 825-5861  
(Name of Person) (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  
2661 Executive Center Circle  
Tallahassee, FL 32301

2008 JAN 26 AM 10:00


OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

2018 JAN 26 AM 10:00

I, RICARDO M. AREVALO, hereby resign as TREASURER  
(Title)

of LAS CHOLITAS INC.  
(Name of Corporation)

PO 9000064201, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)  
01-22-2018

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