

12/8/2014

08:34

TO:18506176380 FROM:5619650938

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P091000065946

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: legacytaxcorps@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LA BRASA RESTAURANT INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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14 DEC -8 AM 11:27

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -8 PM 7:23

APPROVED
AND
FILED

T. LEMIEUX

DEC 09 2014

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA BRASA RESTAURANT INC

(Name of Corporation)

DOCUMENT NUMBER: P09000065946

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

Please return all correspondence concerning this matter to the following:

ARNALDO J COUCELO

(Name of Person)

LEGACY TAX INC

(Name of Firm/Company)

1818 SO AUSTRALIAN AVE, 202

(Address)

WEST PALM BEACH, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

ARNALDO J COUCELO at 561 683-3000

(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

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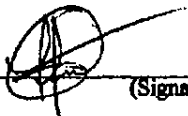
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Hector Del Aguila, hereby resign as Vice President
(Title)

of LA BRASA RESTAURANT INC,
(Name of Corporation)

P09000065946, 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

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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