P1000035074

(Re	equestor's Name)			
(Ac	idress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

SUBJECT: JRLA HACIENDA TAVERNA RESTAURANT, INC.
SUBJECT: JRLA HACIENDA TAVERNA RESTAURANT, INC (Name of Corporation) DOCUMENT NUMBER: P100000 35074
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
GUSTAVO SILVA (Name of Person)
(Name of Firm/Company)
D207 CHORLTON CIRCLE (Address)
ORLANDO FL 32832 (City/State and Zip Code)
For further information concerning this matter, please call:
GUSTAVO SILVA at (301) 303-8572 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SOSE GREGOR 10 Angulas Bustilly hereby resign as PRESIDEN	Thtle)	AS CI	n e p
of DR LA HACIENDA TAVERNA RESTAURANTS: (Name of Corporation)	IVC.		 ,
(Document Number, if known), a corporation organized under the laws of	the State	of डां	
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(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