

P10000044897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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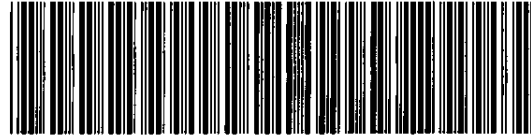
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C. Coulliette
C.COULLIETTE

DEC 30 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAOCO CAFE & BAKERY GOURMET FACTORY

(Name of Corporation)

DOCUMENT NUMBER: P10000044897

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

Please return all correspondence concerning this matter to the following:

ELEANA B . ALCALA MURILLO

(Name of Person)

SAOCO CAFE & BAKERY

(Name of Firm/Company)

1 CURTISS PARKWAY SUITE # 3

(Address)

MIAMI SPRINGS,FLORIDA. 333166

(City/State and Zip Code)

For further information concerning this matter, please call:

ABDUL FUENTES

(Name of Person)

at (305) 456-46-15

(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

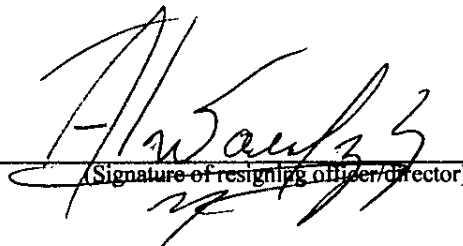
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALVARO E SANCHEZ, hereby resign as COOK
(Title)

of SAOCO CAFE & BAKERY GOURMET FACTORY,
(Name of Corporation)

P10000044897, 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

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