

P100000049076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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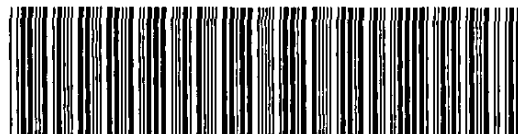
(Business Entity Name)

(Document Number)

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2012 MAY 14 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
5/12/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Krave Restaurant Group  
(Name of Corporation)

**DOCUMENT NUMBER:** P100000 49076

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

Please return all correspondence concerning this matter to the following:

Don Wenner  
(Name of Person)

Krave Restaurant group  
(Name of Firm/Company)

4705 Gulf Blvd.  
(Address)

St. Pete Beach FL 33706  
(City/State and Zip Code)

For further information concerning this matter, please call:

Don Wenner at ( 484 ) 542 2868  
(Name of Person) (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**

2012 MAY 14 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

I, Don Wenne, hereby resign as PSTV (Title)

of Krave Restaurant Group,  
(Name of Corporation)

P100000 49076, a corporation organized under the laws of the State of  
(Document Number, if known)

\_\_\_\_\_

Don Wenne  
(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