

P10000053308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARIBBEAN RESTAURANT CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000053308

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

Please return all correspondence concerning this matter to the following:

MANUEL CHONG CUAN, JR., ESQ.

(Name of Person)

MANUEL CHONG CUAN, JR., ESQ.

(Name of Firm/Company)

1105 SW 87th AVENUE

(Address)

MIAMI, FL 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL CHONG CUAN, JR., ESQ. at ( 305 ) 264-4542

(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**

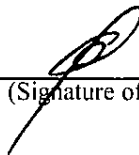
**FILED**  
**2011 NOV 28 AM 8:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

I, JULIO A. ACOSTA, hereby resign as VP & DIRECTOR  
(Title)

of CARIBBEAN RESTAURANT CORP.  
(Name of Corporation)

10000053308, 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