

P100000082840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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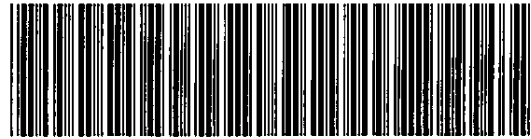
(Business Entity Name)

(Document Number)

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*Dr. D. D. Lesage*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LA FIESTA RESTAURANT INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000082840

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

Please return all correspondence concerning this matter to the following:

DENICE MALPICA

(Name of Person)

LA FIESTA RESTAURANT INC

(Name of Firm/Company)

10930 WEST FLAGLER STREET SUITE #310

(Address)

MIAMI FLORIDA 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

DENICE MALPICA

(Name of Person)

at ( 305 ) 300-8084

(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**  
10 NOV 16 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, DENICE MALPICA, hereby resign as PRESIDENT  
(Title)

of LA FIESTA RESTAURANT INC  
(Name of Corporation)

P10000082840, 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