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(Requestor's Name)		
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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08/22/13--01004--001 **35.00

0/D Resign 0Q-27-13

TRANSMITTAL LETTER

Smokey Joe's Cafe of SW Fla.Inc. **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dale R. Bauersachs (Name of Person) **Smokey Joe's Cafe** (Name of Firm/Company) 2330 Pappas Terr. (Address) Port Charlotte, FI 33981 (City/State and Zip Code) For further information concerning this matter, please call: **Dale Bauersachs** (Area Code & Daytime Telephone Number) (Name of Person)

Mailing Address:
Amendment Section
Division of Corporations

TO:

Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Dale R. Bauersach	ns hereby resign as Vice President	; <i>\$</i>
1,	(Title) q	ny and all
of Smokey Joe's Caf	re of SVV Floridainc.	,
(Document Number, if known)	_, a corporation organized under the laws of the State of	
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