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(H	Requestor's Name)	
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		. <u>.</u>
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PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(5)		
(L	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

CANDADOM EAT ENTERPRISES INC			
SUBJECT: EAT ENTERPRISES INC (Name of Corporation)			
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:			
ALLAN D MAYER			
(Name of Person)			
EAT ENTERPRISES INC			
(Name of Firm/Company)			
3589 HIGH BLUFF DR.			
(Address)			
LARGO, FLORIDA 33770			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
ALLAN MAYER at ( 727 ) 418-8689  (Name of Person) (Area Code & Daytime Telephone Number)			
(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  Mailing Address: Amendment Section Division of Corporations			
Division of Corporations Division of Corporations			

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Allan Mayer	, hereby resign as	8811en - Mass
of EAT ENT (Name o	fennises, Inc	, , , , , , , , , , , , , , , , , , , ,
(Document Number, if known)  Flor I da	, a corporation organized under the	laws of the State of
	gnature of resigning officer/director)	FILED  11 JUN -8 AH 9: 5  FALLANASSEE FLORID

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