

PI1000026970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

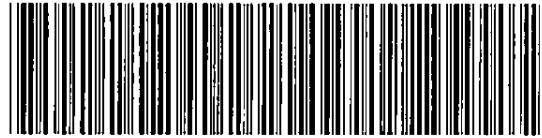
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200435074982

Resignation of
officer

08/21/24--01026--018 **35.00

FILED

2024 AUG 21 PM 12 33

CLERK OF STATE
TALLAHASSEE, FL 32310

A. RAMSEY

AUG 30 2024

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAB CAFE INC

(Name of Corporation)

DOCUMENT NUMBER: P11000026970

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

Please return all correspondence concerning this matter to the following:

DAMRON RATTANACHANE

(Name of Person)

SAB CAFE INC

(Name of Firm/Company)

111 2ND AVE NE STE 100

(Address)

ST PETERSBURG, FL 33713

(City/State and Zip Code)

For further information concerning this matter, please call:

DAMRON RATTANACHANE at 727 251-4970

(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

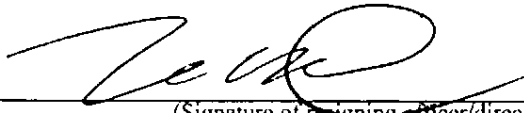
2024 AUG 21 PM 12 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, VAROUNY RATTANACHANE, hereby resign as VP/SECRETARY
(Title)

of SAB CAFE INC
(Name of Corporation)

P11000026970, 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