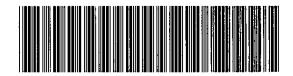
## P1100005688Z

(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:		

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Def Resignation of Siate Plans 8-26-11

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## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: MOZART CAFE BOCA INC
(Name of Corporation)
DOCUMENT NUMBER: P11000056882
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SHIMI AVNI
(Name of Person)
MOZART CAFE BOCA INC
(Name of Firm/Company)
1250 W HILLSBORO BLVD
(Address)
DEERFIELD BEACH, FL 33442
(City/State and Zip Code)
For further information concerning this matter, please call:
SHIMI AVNI  (Name of Person)  (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED 11 AUG 25 AM 10: 07
SECRETARY OF STATE
TAULAHASSEE FLORIDA

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as VP
(Title)
e of Corporation)
, a corporation organized under the laws of the State of
<del></del> -
(Signature of resignatives/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