P11000057133

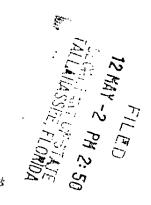
(Requestor's Name)						
(Address)						
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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(4-3-11-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
(Document Number)						
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Hokkaido Restaurant
	(Name of Corporation)
DOC	CUMENT NUMBER: P11000057133
	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Kaı	rina Montelongo
	(Name of Person)
	(Name of Firm/Company)
464	45 South Kirkman Road, Unit 13106
	(Address)
Orl	ando, Florida 32801
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Kari	ina Montelongo at (407) 285-1844 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	et Address: Independent Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Benny Palmeri	, hereby resign as_	Vice President	
-,	, notedy resign as_	(1)	Fitle)
of_Hokkaido Restaurant & Hotels			,
(Name o	of Corporation)		a.
P11000057133 (Document Number, if known)	a corporation organized un	der the laws of th	e State of:
Florida			SSSFE -2
	ignature of resigning officer/direc	. 3 tor)	PH 2: 50 FILONDA

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