

P/1000086350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

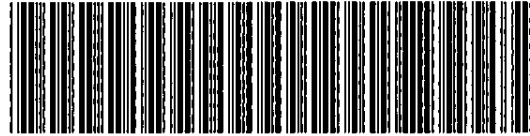
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400218229414

01/13/12--01033--003 **35.00

FILED

2012 JAN 13 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Res.

TBrown

1-17-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capitan River Restaurant, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P11000086350

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

Please return all correspondence concerning this matter to the following:

Delaila J. Estefano, Esq.

(Name of Person)

Estefano & Associates, P.A.

(Name of Firm/Company)

3850 Bird Road, Suite 302

(Address)

Miami, Florida 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Delaila J. Estefano, Esq.

(Name of Person)

at (305) 441-0616

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2012 JAN 13 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jose Rouco, hereby resign as Director
(Title)

of Capitan River Restuarant Inc.
(Name of Corporation)

P11000086350, 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