

P11060102328

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

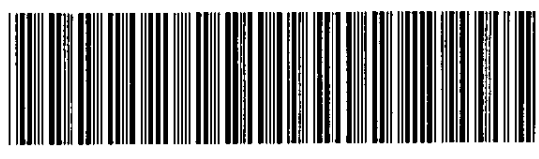
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*[Handwritten signature]*  
4-26-12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Taste of the Grapes, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000102328

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

Please return all correspondence concerning this matter to the following:

Cary Quintana

(Name of Person)

Taste of the Grapes, Inc

(Name of Firm/Company)

620 NE 115 STREET

(Address)

Miami, fl 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

Cary Quintana

(Name of Person)

at ( 305 ) 5866666

(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**

I, Graciela Cabezas, hereby resign as Vice President

(Title)

of Taste of The Grapes, Inc

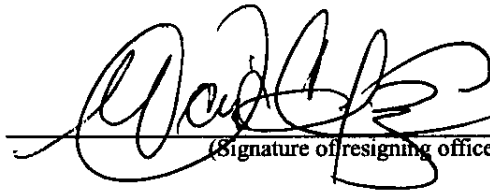
(Name of Corporation)

P11000102328

(Document Number, if known)

, a corporation organized under the laws of the State of

\_\_\_\_\_



(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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