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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LA BRASA RESTAURANT 3 INC

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SECRETARY OF STATE
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TRANSMITTAL LETTER

TO:

Amendment Section Division of Corporations

SUBJECT. LA BRASA RESTAURANT 3 INC

(Name of Corporation)

DOCUMENT NUMBER: P13000012240

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

Please return all correspondence concerning this matter to the following:

ARNALDO J COUCELO

(Name of Person)

LEGACY TAX INC

(Name of Firm/Company)

1818 SO AUSTRALIAN AVE, 202

(Address)

WEST PALM BEACH, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

ARNALDO J COUCELO # 561

(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
2661 Executive Center Circle
Tallahassee, FL 32301

12/8/2014

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H140002825#59

FOR A CORPORATION

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, Hector Del Aguila	, hereby resign as Vice President (Tible)
LA BRASA RESTA	
•	or Corporation)
P13000012240 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	<u>.</u> •

(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