

P13000033045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

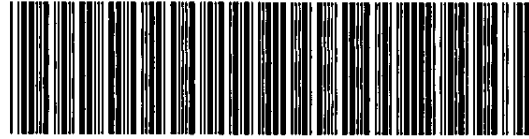
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 30 AM 9:25

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T. LEMIEUX

DP

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 100% SABOR PERU INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000033045

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

Please return all correspondence concerning this matter to the following:

**MONICA FRADES**

(Name of Person)

**100% SABOR PERU INC**

(Name of Firm/Company)

**196 N FEDERAL HWY**

(Address)

**DEERFIELD BEACH, FL 33441**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MONICA FRADES** at **954 482-0115**

(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

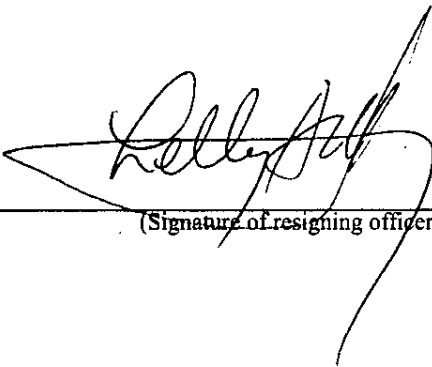
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LELLY HERRERA, hereby resign as VICE PRESIDENT  
(Title)

of 100% SABOR PERU INC  
(Name of Corporation)

P13000033045, 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

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