

12/8/2014

06:36

TO: 18506176380 FROM: 5619650938

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PI 3000042914

Florida Department of State
Division of Corporations
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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.**

Email Address:

legacytaxcorps@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LA BRASA RESTAURANT 4, INC

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA BRASA RESTAURANT 4 INC

(Name of Corporation)

DOCUMENT NUMBER: P13000042914

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 at 561 683-3000

(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

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12/8/2014

06:36

TO:18506176380 FROM:5819850938

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Hector Del Aguila, hereby resign as Vice President
(Title)

of LA BRASA RESTAURANT 4 INC
(Name of Corporation)

P13000042914, 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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