

P/3000093/23

(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



800269612118

03/02/15--01009--006 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR -2 PM 3:48

MAR 06 2015

T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAMIVI GASTRONOMY GROUP INC.
(Name of Corporation)

DOCUMENT NUMBER: 102 P13000093123

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

Please return all correspondence concerning this matter to the following:

CESAR SANCHEZ
(Name of Person)

CAMIVI GASTRONOMY GROUP INC.
(Name of Firm/Company)

9741 SW 148th Ave
(Address)

MIAMI, FL 33196
(City/State and Zip Code)

For further information concerning this matter, please call:

CESAR SANCHEZ at (305) 382 0287
(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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

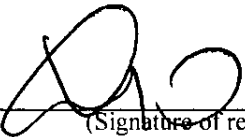
15 MAR -2 PM 3:48

I, CESAR SANCHEZ, hereby resign as PSTD
(Title)

of CAMIVI GASTRONOMY GROUP INC.
(Name of Corporation)

P13000093123, 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