

P14000059547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. L. E. / J. L. / J. L.

SEP 21 2015

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ESTIATORES INC
(Name of Corporation)

DOCUMENT NUMBER: P1400059547

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

Please return all correspondence concerning this matter to the following:

PETER ZERVAS

(Name of Person)

ESTIATORES INC

(Name of Firm/Company)

1547 CARILLON ST

(Address)

HOLIDAY FL 34691

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER ZERVAS at (727) 560-6878
(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

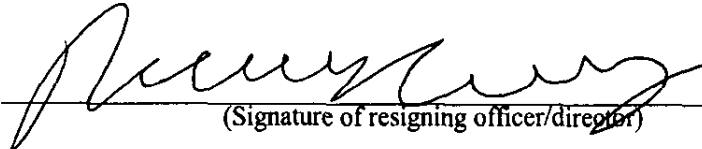
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PETER ZERVAS, hereby resign as PRESIDENT
(Title)

of ESTIATORES INC
(Name of Corporation)

P1400059547, 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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