

P14000062643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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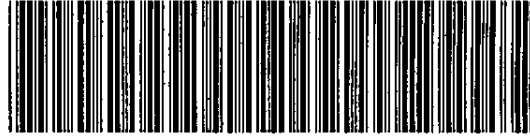
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE COMEDY CLUB CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P140000 62 643

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

Please return all correspondence concerning this matter to the following:

SANTOS, ROBSON LEIVA  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

5255 COLLINS AVE APT #26  
(Address)

MIAMI - FL - 33140  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBSON LEIVA SANTOS at (305) 972 0962  
(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, ROBSON LEIVA SANTOS, hereby resign as Director  
(Title)

of THE COMEDY CLUB CORP  
(Name of Corporation)

P 14 00 00 62643, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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