

PIH 0000 663 05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

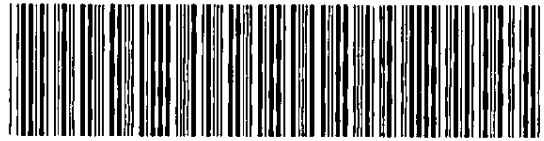
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100439045631

11/05/24--01019--006 **35.00

FILED

2024 NOV -5 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EAT ME GUILT FREE 2 CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: P14000066305

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

Please return all correspondence concerning this matter to the following:

CRISTIE BESU

(Name of Person)

(Name of Firm/Company)

1015 SW 13 ST

(Address)

MIAMI, FL 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTIE BESU at (305) 773-3523

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -5 PM 4:02

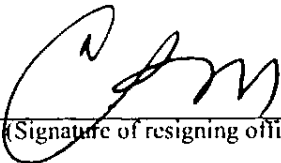
FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CRISTIE BESU, hereby resign as President
(Title)

of EAT ME GUILT FREE 2 CORPORATION
(Name of Corporation)

P14000066305, a corporation organized under the laws of the State of
(Document Number, if known)


(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

FILED
2024 NOV -5 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL