

P 15000032166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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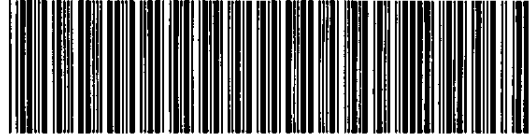
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FALAFEL HOUSE INC.
(Name of Corporation)

DOCUMENT NUMBER: P15000032166

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

Please return all correspondence concerning this matter to the following:

ABRAHAM ZARIF
(Name of Person)

FALAFEL HOUSE INC.
(Name of Firm/Company)

14599 BARLETTA WAY
(Address)

DELRAY BEACH, FL 33446
(City/State and Zip Code)

For further information concerning this matter, please call:

ABRAHAM ZARIF at (954) 557-5516
(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, DORON SCHARF, hereby resign as VP
(Title)

of FALAFEL HOUSE INC.
(Name of Corporation)

P15000032166, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
200 JUL 28 PM 2:32
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