

P15000039292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

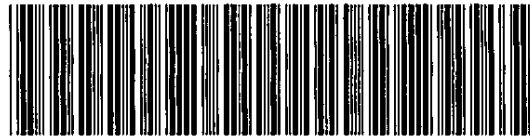
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIESTA MEXICANA MEXICAN RESTAURANTCORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000039292

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

Please return all correspondence concerning this matter to the following:

**JOSE L PINEDA**

(Name of Person)

**Fiesta Mexicana Mexican Restaurant corp**

(Name of Firm/Company)

**6570 NW SELVITZ RD**

(Address)

**PORT ST LUCIE FL 34983**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JOSE L PINEDA**

(Name of Person)

at ( **772** ) **3805114**

(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

15 MAY 26 AM 9:59  
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TALLAHASSEE, FLORIDA

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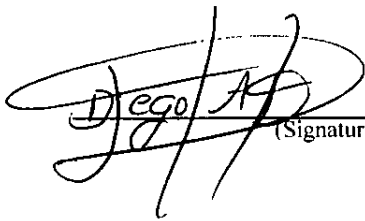
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Diego A Aguilar Domingo, hereby resign as VP  
(Title)

of FIESTA MEXICANA MEXICAN RESTAURANT  
(Name of Corporation)

P15000039292, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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**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