(Re	equestor's Name)		
(Ac	dress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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APR 14 2016

R. Wra. _

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Master Food 1 DOCUMENT NUMBER: P15 0000 43318
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lilia REYNA
(Name of Person)
(Name of Firm/Company)
6416W11Cf.
(Address)
(Address) Wilden Fl. 33012 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Lilia BEYNA at (786) 219-8327 (Name of Person) (Area Code & Daytime Telephone Number)
(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,	Lilia Reyna, hereby resign as Vice	President (Title)
of	Haster Food 1	,
	Name of Corporation) P150000 43318, a corporation organized under the laws of to (Document Number, if known)	he State of
	·	
	(Signature of resigning officer/director)	-
		16 APR 14 SECRE MAY FALLAHASSE
	FILING FEE IS \$35.00	PH 2: 3

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314