

P16000030985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

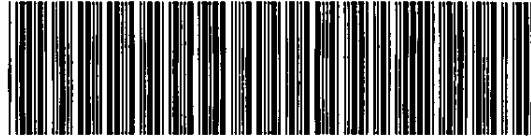
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FULL LATIN FOOD INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000030985

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAQUEL M DUARTE  
(Name of Person)

FULL LATIN FOOD INC  
(Name of Firm/Company)

613 SABAL LAKE DR # 211  
(Address)

LONGWOOD FL 32779  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAQUEL M DUARTE at (321) 424-2594  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

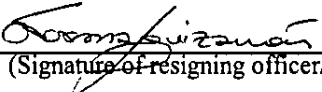
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, NORMA LEGUIZAMON DUARTE, hereby resign as VICE PRESIDENT  
(Title)

of FULL LATIN FOOD INC  
(Name of Corporation)

P16000030985, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

16 AUG 22 AM 9:10  
Filing Stamp

**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