

P170000 52315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

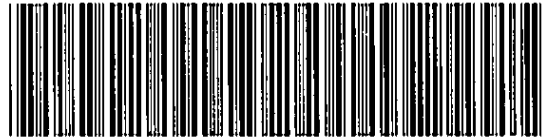
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900326413359

03/19/19--01025--005 \*\*35.00

FILED

2019 MAR 19 A 10 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 29 2019

T. LEMIEUX

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LA VACA FRITA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P17000052315

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

Please return all correspondence concerning this matter to the following:

ANGEL BOADA

(Name of Person)

LA VACA FRITA, INC

(Name of Firm/Company)

119 S PINE AVENUE

(Address)

OCALA, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN BOADA at 954 684-3112  
(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, ANGEL SALAMANCA, hereby resign as PRESIDENT  
(Title)

of LA VACA FRITA  
(Name of Corporation)

P17000052315  
(Document Number, if known) a corporation organized under the laws of the State of

FLORIDA

  
(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

2019 MAR 19 A 10 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED