

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Name	<u> </u>
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(00	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

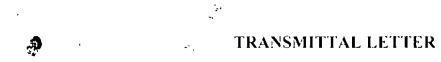


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TO: Amendment Section Division of Corporations

SUBJECT: CORNER EATERY INC.
(Name of Corporation)
DOCUMENT NUMBER: P17000087771
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FELICIA TULSHI-DESAI
(Name of Person)
CORNER EATERY INC.
(Name of Firm/Company)
20156 OAKFLOWER AVE
(Address)
TAMPA, FL 33647
(City/State and Zip Code)
For further information concerning this matter, please call:
FELICIA TULSHI-DESAI at (646)251-4814 (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

, MARIELA H GENCO	SECRETARY, TREASURER, DIRECTOR
	(Title)
CORNER EATERY INC	1
P17000087771 (Document Number, if known)	noration organized under the laws of the State of
FLORIDA	TATE DEC
	19 PH 1
(Signature of	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