

P18000006491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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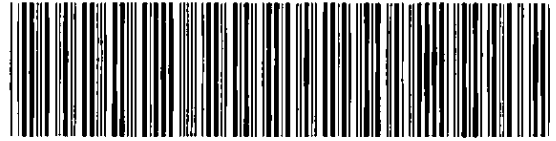
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WALLY JEAN' PARADISE RESTAURANT, INC
(Name of Corporation)

DOCUMENT NUMBER: 18000006491

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

Please return all correspondence concerning this matter to the following:

MIKA JEAN
(Name of Person)

WALLY JEAN PARADISE RESTAURANT, INC.
(Name of Firm/Company)

815 NW 42 STREET
(Address)

FT LAUDERDALE, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

BILLY JEAN at (954) 440 4197
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MIKA JEAN, hereby resign as CEO
(Title)

of WALLY JEAN PARADISE RESTAURANT, INC.
(Name of Corporation)

18000006491, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

MIKA JEAN
(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

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STATE
TALLAHASSEE