P18000064035

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Ma	u1633)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	,	,
(D-	N C - N	
(Lo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer:	
Special Instructions to Filing Officer:		

Office Use Only



900346754639

10/01/20--01031--013 **35.00

MANIARI CHANGE COMPOSITION AND STATE OF THE STATE OF THE



11/9/20

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		•	
SUBJECT: CARIBBEAN FOODS COMPANY	Y (Name of C	orporation!	
DOCUMENT NUMBER: P18000064035	(.vame or c	orporation:	
	<i>r c</i>		
The enclosed Officer/Director Resignation		•	
Please return all correspondence concerni	ng this matte	r to the following:	
PIERO BATTISTINI			
(Name of Person)	·		
(Name of Firm/Company)		
3201 NW 116TH ST			
(Address)			
MIAMI, FL 33167			
(City/State and Zip Code)	<u> </u>		
For further information concerning this ma	atter, please c	all:	
PATRICK LOUISSAINT	407 at (864-2378 Code & Daytime Telephone Number)	
(Name of Person)	(Arca	Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payab	ole to the Flo	rida Department of State.	
Mailing Address:		Street Address:	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314	241	15 N. Monroe Street, Suite 810 Jahassee, FL 32303	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2020 OCT - I PM 4: 08

SECRETARY OF STATE TALLAHASSEE, FI.

, hereby resign as
(Title)
ation)
oration organized under the laws of the State of
thistin;

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