P18000087962

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(Address)						
(City/State/Zip/Phone #)						
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(Business Entity Name)						
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TRANSMITTAL LETTÈR

Amendment Section Division of Corporations TO:

SUBJECT:	COOKINA	AT INC			
		(Nam	e of Corporati	on)	
DOCUMENT N	UMBER:	P18000087962			
The enclosed Off	icer/Director R	esignation for a C	Corporation a	nd fee are submitted for	filing.
Please return all	correspondence	concerning this	matter to the	following:	
	AGUSTIN				
	(Name of I	Person)	_		
	COOKINA	AT INC			
	(Name of Firm	/Company)			
633	S ROYAL POINC	CIANA BLVD APT 10)3		
	MIAMI SPRING	SS, FL 33166			
	(City/State and	l Zip Code)	_ 		
For further inform	nation concerni	ng this matter, pl	ease call:		
	GUSTIN ROIG	at (786)_	853 0364 Daytime Telephone Num	
(1)	Name of Person)		(Area Code &	Daytime Telephone Num	ber)
Enclosed is a che	ok for \$35,00 m	nade pavable to ti	he Florida De	partment of State.	
inclused is a circ	וו ממיכבה זמו עשי	mae payable to ti	ic i longa De	partition 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

MARTIN RAFAEL GO	NZALEZ	, hereby resign as	VICE PRESIDENT
		<u> </u>	(Title)
COOKINAT INC			
	(Name of C	orporation)	
P18000087962 (Document Number, if kn	, a	corporation organized under the	he laws of the State of
FLORIDA	·		
	(Signa	nture of resigning officer/director)	
			19 JUL 81 - 19 19 19 19 19 19 19 19 19 19 19 19 19
	FILI	ING FEE IS \$35.00	
Make check	s payable to F	Florida Department of State	and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314