

P19000000 2943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **EL RINCON CHINO INC**

(Name of Corporation)

DOCUMENT NUMBER: **P19000002943**

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

Please return all correspondence concerning this matter to the following:

**ANA LORENZO**

(Name of Person)

**ALPHA INSURANCE SOLUTIONS LLC**

(Name of Firm/Company)

**5425 SE 111TH STREET**

(Address)

**BELLEVUE FL 34420**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ANA LORENZO**

(Name of Person)

at ( **352** ) **245-8736**

(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

SEP 25 PM 3:03


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, KING MAN MUI, hereby resign as VP  
(Title)

of EL RINCON CHINO INC.  
(Name of Corporation)

P19000002943, a corporation organized under the laws of the State of  
(Document Number, if known)

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