P1900000 2943

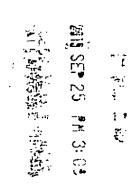
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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OLL TO SOLL

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)

BELLEVIEW FL 34420

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA LORENZO

 $_{\rm at}$ 352 $_{\rm 1}$ 245-8736

(Name of Person)

(Area Code & Daytime Telephone Number

SE 25 PT 3: C

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

, KING MAN MUI	hereby resign as VP	25
		(Title) بن
of EL RINCON CHINO		
P19000002943	Corporation) , a corporation organized under the law	vs 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