## P14000078271

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DOMINGOS BODEGA FOOD & DEL	
	Name of Corporation)
DOCUMENT NUMBER: P19000078271	
The enclosed Officer/Director Resignation for	r a Corporation and fee are submitted for filing.
Please return all correspondence concerning the	
DOMINGO ANTONIO ESPINAL PUJOLS	
(Name of Person)	
(Name of Firm/Company)	<del></del>
16125 SW 65TH LN	
(Address)	<del></del>
MIAMI, FL 33193	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
DOMINGO ANTONIO ESPINAL PUJOLS	717 344-3150 ZZ Z
(Name of Person)	At (717 )344-3150 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable t	to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,, herel	DIRECTOR by resign as
	(Title)
DOMINGOS BODEGA FOOD & DELI INC	
(Name of Corporation)	
P19000078271	
(Document Number, if known) , a corporation of	organized under the laws of the State of
FLORIDA	

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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