(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Ви	siness Entity Nan	ne)
(Do	ocument Number)	
(SC	ounione Hamboly	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		Ī

Office Use Only



600028540026

02/16/04--01020--019 **70.00



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION



I,JENEA RICCIO	hereby resign as secretary & director (Tide)
of Allied Hotel & Restaurant Fu (Name of Corpo	rniture, Inc.
a corporation organized under the laws of the State of	fFlorida
and affirm that the corporation has been notified in w	riting of the resignation.
(Signature of fe	signing officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314