PAOUDINISY

(Re	questor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		1	

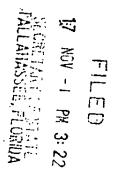
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TRANSMITTAL LETTER

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TO:	Amendment Section	
	Division of Corporations	

SUBJECT: Cypress Creek StationRes	taurant Inc
(Name of Corpor	ation)
DOCUMENT NUMBER: P96000077954	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Rosario Troia	
(Name of Person)	
Cypress Creek StationRest Inc	
(Name of Firm/Company)	
6351 N Andrews Ave	
(Address)	
Fort Lauderdale FI 33309	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Rosario Troia at (954	8155810 & Daytime Telephone Number)
(Name of Person) (Area Code	: & Daytinie Telepholic (vumber)

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

oia _{. hereby resign as} Secretar	YANS DIRECTOR	
	(Title)	
ion Restaurant Inc	 .	
of Corporation)		
, a corporation organized under the laws of the State of		
_•		
Just Ml	_	
ignautre of fesigning officer/director)	_	
ILING FEE IS \$35.00	FILED NOV -1 PH 3: 22 LANASSEE, FLORIDA	
	ion Restaurant Inc of Corporation) _, a corporation organized under the laws of	

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

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