

P97000039006

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 200002455152--3
-03/12/98--01046--002
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

98 MAR 13 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

P97000039006
0/1/20
3.13.98
208

Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

I, STACI I. HUGHES, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, STACI I. HUGHES, hereby resign as Officer and Director of COLLINS RESTAURANT GROUP, INC., a Florida Corporation;

That the corporation has been notified in writing of the resignation.



STACI I. HUGHES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 MAR 13 PM 2:07

APPROVED
AND
FILED

Sworn to and subscribed before me this 26 day of January, 1998.


Notary Public



Hoke C. Powell, II
MY COMMISSION # CC696118 EXPIRES
November 13, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314