

P97000081658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PREMIERE THEATER OF LAKE WORTH, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000081658

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josue Carias

(Name of Person)

Premiere Theater of Lake Worth, Inc.

(Name of Firm/Company)

P.P. Box 5282

(Address)

Lake Worth, Florida 33466

(City/State and Zip Code)

For further information concerning this matter, please call:

Josue Carias

(Name of Person)

at ( 561 ) 756-6911

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

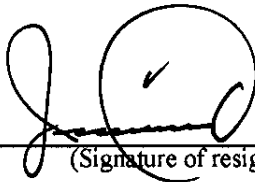
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOSUE A CARIAS, hereby resign as PRESIDENT  
(Title)

of PREMIERE THEATER OF LAKE WORTH, INC.  
(Name of Corporation)

P97000081658, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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