P98000044707

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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RA Resign

07/18/07--01008--007 **35.00

ZOOT JUL 19 PM 4: 33
SECRETARY OF STATE
SECRETARSEE. FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations	
	Division of Corporations	
SUBJI		
	(Name of Corporation)	
DOCU	JMENT NUMBER: P98000044707	
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filin	ıg.
Please	return all correspondence concerning this matter to the following:	
Joel	R. Camhi	
	(Name of Person)	
Ones		
Cami	hi Financial Services	
	(Name of Firm/Company)	
4700	Millenia Blvd., #175	
	(Address)	
Orlan	ndo, FL 32839	
	(City/State and Zip Code)	
For fur	rther information concerning this matter, please call:	
Pam	Camhi at (407) 803-3701	
	(Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FII r
RESIGNATION OF REGISTERED AGENT 2007 JUL 19 PM 4: 33 FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, E. FLORIDA Florida Statutes the undersigned added R. Cambi
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, $F_{LOR/P}^{S/A/F}$
Florida Statutes, the undersigned, Joel R. Camhi (Name of Registered Agent)
hereby resigns as Registered Agent for BOCA BRAZIL BUFFET, INC. (Name of Corporation)
P98000044707
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.
Jeel R. Com. (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

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

(Capacity)