P98000055276

(Requestor's Name)				
(Addres	ss)			
(Addres	<u>ss)</u>			
(Addiess)				
(City/St	ate/Zip/Phone #)			
	-	—		
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name)	• .		
(244)				
(Docum	nent Number)	• • •		
Certified Copies	Certificates of	Status <u>:</u>		
	•			
Special Instructions to Filing Officer:				

Office Use Only



200162834162

12/10/09--01011--015 **35.00

FILED

1001 DEC -9 P 4: 22

SECRETARY OF STATE
SECRETARY OF STATE

Off Resign Thewis 12-11-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: LOS COM	PADRES MEAT MARKET	& GROCERY S
DOCUMENT NU	J MBER:	P98000055276	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		David Olivencia ame of Contact Person	
		ints & Associates, CPA's,LLC. Firm/ Company	
	5425 S	Semoran Blvd Suite 7C	 _
		ndo, FL 32822-1777 ity/ State and Zip Code	
_	accounta E-mail address: (to be use	ants@ldlcpas.com d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	David Olivencia	at (407) 20 Area Code & Daytime Tele	07-5509
		nade payable to the Florida Depart	
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	✓ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	ddress	Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2009 DEC -9 P 4: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, Luis Santiago	, hereby resign as_	Presidnet	iallahassee, fi
1,	, nereby resign as_		(Title)
of_LOS COMPADRES MEAT MA		RE INC	,
(Name o	of Corporation)		,
P98000055276 (Document Number, if known)	_, a corporation organized un	der the laws	of the State of
Florida			

(Signature of resigning officer/director)

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