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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RELIABLE RESTAURANT SERVICES CORP (Name of Corporation)
DOCUMENT NUMBER: 650934572
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AUGUSTO INGAR (Name of Person)
RESTAURANT SELVICES (Name of Firm/Company)
P.O. BOX 960 520 (Address)
MIAMI FL. 33296  (City/State and Zip Code)
For further information concerning this matter, please call:
AUGUS 70 ING AR at (305) 969-8480 (Name of Person) (Area Code & Daytime Telephone Number)

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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L, _	ROSA I	UGAR	, hereby	resign as	SEC	CEXARY	
of_	Reliable	RESTAU	east	SERV	ices,	Copp.	:
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X Rosa (Signature of resigning officer/director)

FILING FEE IS \$35.00

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

05 FEB 21 AH II: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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