

P99000070656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

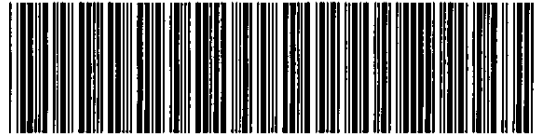
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DIVISION OF CORPORATIONS
06 OCT 16 AM 9:25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PORTABELLA RESTAURANT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000070656 (Name of Corporation)

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

Please return all correspondence concerning this matter to the following:

MARTIN LABUE
(Name of Person)

(Name of Firm/Company)

600 S.W. 29 Road
(Address)

Manaw, RI 33129
(City/State and Zip Code)

For further information concerning this matter, please call:

BERTHA LABURU at (305) 444-1533
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:

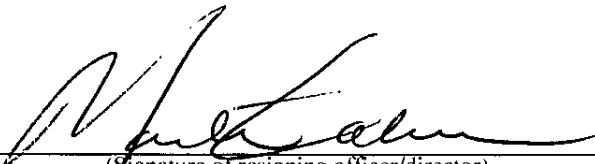
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARTIN LABORD, hereby resign as Director
(Title)
of PORTABELLA RESTAURANT, INC.
(Name of Corporation)
P99000070656, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 OCT 16 AM 9:25

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