P99000077431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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P99000077431
09,20
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT KLM Restaurant Corporation
(Name of Corporation)

DOCUMENT NUMBER: P99000077431

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

PLEASE RETURN all correspondance concerning this matter to the following:

ALLISON BARBER
(Name of Person)

(Name of Firm/Company)

460 NE 10th TERR
(Address)

BOCA RATON FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

ALLISON BARBER at 561-368-4864
(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

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, ALLISON BARBER, hereby resign as V.P.
(title)

of KLM RESTAURANT CORPORATION
(Name of Corporation)

P99000077431
(Document Number, if known), a corporation organized under the laws of the

STATE OF FLORIDA.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Allison Barber
Signature of resigning officer/Directors

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