

P99000077431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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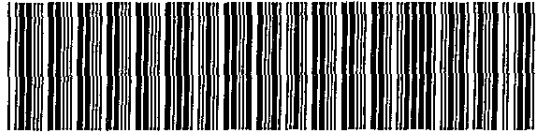
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT KLM Restaurant Corporation
(Name of Corporation)

DOCUMENT NUMBER: P 99000077431

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

PLEASE RETURN all correspondence concerning this matter to the following :
AULSON 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:

AULSON 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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

of KLM RESTAURANT CORPORATION
(Name of Corporation)

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

STATE OF FLORIDA


Signature of resigning officer/director

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SECRETARY OF STATE
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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