

P99000095253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

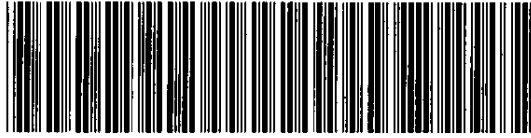
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[Handwritten signatures]

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2009 DEC 23 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Christiana Mondews, hereby resign as officer
(Title)

of Le-Cap Restaurant, Inc.
(Name of Corporation)

P99000095253, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Christiana Mondews
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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