

PO70000014219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH END ITALIAN RESTAURANTE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000014219

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

Please return all correspondence concerning this matter to the following:

Joseph Ciocia
(Name of Person)

NORTH END ITALIAN RESTAURANTE, INC.
(Name of Firm/Company)

8723 SE RETREAT DR.
(Address)

HOBE SOUND FL 33455
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH CIOCIA at (772) 545-9767
(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, Laura Ciocia, hereby resign as V. President
(Title)

of North End Italian Ristorante,
(Name of Corporation)

PO7000014219, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Laura Ciocia
(Signature of resigning officer/director)

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

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