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From:

Account Name : BOYER LAW FIRM, P.L.

Account Number : I20100000071 Phone : (904)236-5317 Fax Number : (904)371-3935

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

office@boyerlawfirm.com Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN SIENA'S ITALIAN CUISINE, INC.

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TO: 18506176380 From: 19047198360 Date: 07/17/20 Time: 7:55 AM Page: 03/04

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SIENA'S ITALIAN CUISIN	NE. INC
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P09000083	709
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Francis M. Boyer	•
(Name of Person)	
Boyer Law Firm, P.L.	
(Name of Firm/Company))
9471 Baymeadows Rd. Suite	406
(Address)	
Jacksonville FL, 322256	
(City/State and Zip Code)
For further information concerning this ma	atter, please call:
Francis M. Boyer (Name of Person)	at (904) 236-5317 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ible 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

MB

CR2E044 (05/13)

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. MAKSYM BEZKROVNYI	, hereby resign as	PRESIDENT
	,	(Title)
ofSIENA'S ITALIAN CUISINE. IN	IC of Corporation)	
P09000083709 (Document Number, if known)	_, a corporation organized unde	er the laws of the State of
FLORIDA	·	
	1	SECRETARY THE THE SECRETARY TH
—— ———————————————————————————————————	ignature of resigning officer/directo	
		ASSEM ₹ M
		E FR

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314