## P10000102583

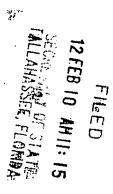
| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| (Address)                               |
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|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Cooding it all 120),                   |
|   |
| Certified Copies Certificates of Status |
| <u> </u>                                |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT:   | PAL JOEY'S, INC.   |
|--|--|
|  | PAL JOEY'S, INC. (Name of Corporation)   |
| DOCUMENT NUMBER:   | P10000102583   |
| The enclosed Officer/Director R  | esignation for a Corporation and fee are submitted for filing  |
| Please return all correspondence   | concerning this matter to the following:   |
| JOSEPH MUCCIOLO  |  |
| (Name of I   | Person)  |
|  |  |
| (Name of Firm  | /Company)  |
| 1904 THOROUGHBRED D  |  |
| (Addre   | ess)   |
| GOTHA, FL 34734<br>(City/State and   |  |
| (City/State and  | Zip Code)  |
| For further information concerni   | ing this matter, please call:  |
| 000 1000 14  | at () (Area Code & Daytime Telephone Number)   |
| (Name of Person)   | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 n  | nade 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, JOSEPH MUCCIOLO                       | , hereby resign as VICE PRESIDENT AND DIRECTOR (Title) |
|--|--|
| of PAL JOEY'S, INC. (Name of             | Corporation) ,   |
| P10000102583 (Document Number, if known) | a corporation organized under the laws of the State of |
| FLORIDA .                                | TALLAHASSE   |
| No (Sig                                  | nature 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