

P15000012098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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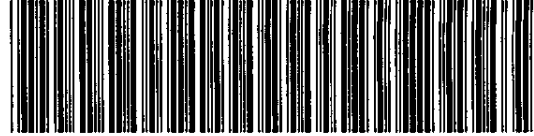
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP - 8 AM 7:54

SEP 11 2015

C LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISEGNO DUE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000012098

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

Please return all correspondence concerning this matter to the following:

**Marcelo F. Grilli**

(Name of Person)

**DISEGNO DUE INC**

(Name of Firm/Company)

**3575 23rd. Avenue S #104**

(Address)

**Lake Worth, FL 33461**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Marcelo F. Grilli** at ( **561** ) **945-5958**  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 SEP -8 AM 7:54

I, Horacio O. Cozzi, hereby resign as V.P.  
(Title)

of DISEGNO DUE, INC  
(Name of Corporation)

P15000012098, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(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