

P 170000 36878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

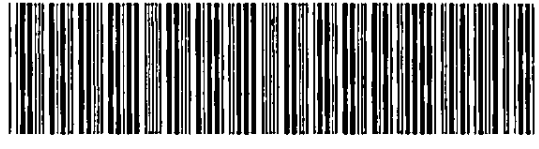
(Business Entity Name)

(Document Number)

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S TALLENT
OCT 12 2017

FILED
OCT 10 AM 10:17
Register

O/A-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 3 TORAT RESTAURANT INC
(Name of Corporation)

DOCUMENT NUMBER: P17000036878

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Saba M Markeci
(Name of Person)

3 Torat Restaurant Inc Dba O'stromboli
(Name of Firm/Company)

43 Alafaya Woods Blvd
(Address)

Oviedo Fl 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

Saba M Markeci at (407) 491 6811
(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**

I, ANIFETE BURNAZI, hereby resign as CFO
(Title)

of 3 TORAT RESTAURANT INC
(Name of Corporation)

P17000036878, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Anifete Burnazi
(Signature of resigning officer/director)

FILED
17 OCT 10 AM 10:17
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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