

P05000057390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

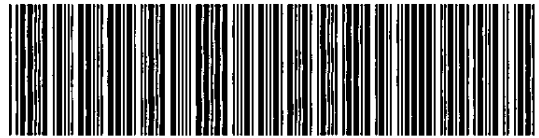
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP - 8 AM 10:56

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O/D Resign.

09-15-09

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALESSANDRO OF GAINESVILLE
(Name of Corporation)

DOCUMENT NUMBER: P05000057390

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

Please return all correspondence concerning this matter to the following:

ANNA CORSA
(Name of Person)

ALESSANDRO OF GAINESVILLE
(Name of Firm/Company)

4212 NW 16TH BLVD / (8429 SW 8TH PL. / 32607)
(Address)

GAINESVILLE, FL. 32605 /
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER R. CORSA at (352) 214-1671
(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, ANNA CORSA, hereby resign as PRESIDENT
(Title)

of ALESSANDRO OF GAINESVILLE, INC.
(Name of Corporation)

PO5000057390, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA