

383508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500047106335

01/28/05--01022--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 28 AM 11:48

✓ O/D Resign.

3/4/05

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LANGLO'S BOWLING SUPPLY, INC.
(Name of Corporation)

DOCUMENT NUMBER: 383508

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

Please return all correspondence concerning this matter to the following:

CHRIS L. LANGLO
(Name of Person)

LANGLO'S BOWLING SUPPLY, INC.
(Name of Firm/Company)

8631 OLD CR 54
(Address)

NEW PORT RICHEY, FL 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS L. LANGLO at (727) 376-3491
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CAROL COTRONEO fka CAROL ZANGE, hereby resign as Secretary/Treasurer
(Title)

of LANGLO'S BOWLING SUPPLY, INC.,
(Name of Corporation)

#383508, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 28 AM 11:48