

637289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KALUPA'S BAKERY, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 637289  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

DOMINIC J. BACCARELLA, ESQ.  
\_\_\_\_\_

(Name of Person)

BACCARELLA & BACCARELLA, P.A.  
\_\_\_\_\_

(Name of Firm/Company)

4144 N. ARMENIA AVE., SUITE 220  
\_\_\_\_\_

(Address)

TAMPA, FL 33607  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

DOMINIC J. BACCARELLA  
\_\_\_\_\_

(Name of Person)

at ( 813 ) 348-9445

(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 CenterCircle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

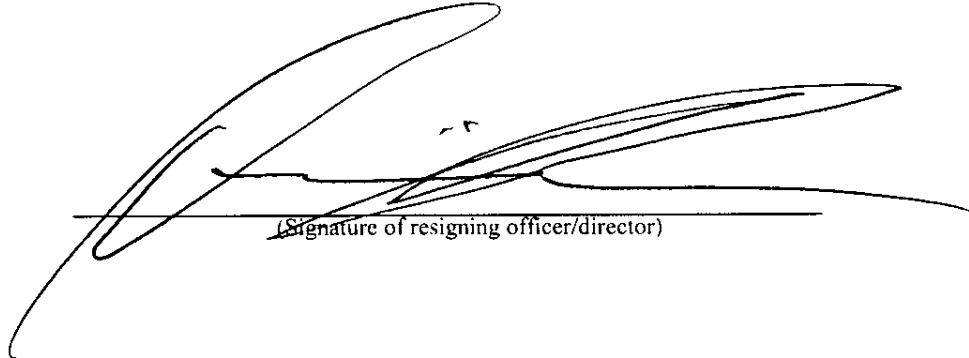
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TALLAHASSEE FLORIDA

I, DOMINIC J. BACCARELLA, hereby resign as DIRECTOR  
(Title)

of KALUPA'S BAKERY, INC.  
(Name of Corporation)

637289, 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