G68170

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
	hulCtote Zin (Dhane th	
(City/State/Zip/Phone #)		
PICK-UP	🗌 WAIT 📃 MAIL	
,		
(Bu	siness Entity Name)	
•	· ·	
(Do	ocument Number)	
Certified Copies	_ Certificates of Status	
Special Instructions to		
	i mig emeen	
	'.Y	
	Office Use Only	
	12	
	c γ $(a r)$	
	KANY NO	
	NV	
	X'X'``	
	MA'XIN	
	V V XV	
	~ / `	

4

Ę



11/15/04--01025--002 **70.00

FILED 04 NOV 15 PM 2:27 MILLAHASSEE, FLORIDA **RICHARD I. GLICK**

Attorney At Law

Admitted: Florida and New York

t

7737 North University Drive Suite 104 Tamarac, Florida 33321

(954) 726-6407 FAX (954) 726-4835

November 12, 2004

Florida Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RE: Family Bakeries of Florida, Inc.

Dear Sir/Madam:

Enclosed are the proper forms and fees regarding changes to the officers, directors and resident agents of the captioned Corporation.

Please contact me if you need anything more.

tru y you 'erv

Richard I. Glick

RIG:gr

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

orida (Name of Corporation) SUBJECT: 68170 6 **DOCUMENT NUMBER:**_

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

Please return all correspondence concerning this matter to the following:

(Name of Person) chard 1 ame of Firm/Company) 104 (City/State and Zip Code)

For further information concerning this matter, please call:

 $\frac{1}{126.0407}$ at (

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

•

4

,

ι

I, Danny Goverman, hereby resign as PRESIDENT (Title)	
of Family Bakeries of Florida, Inc. (Name of Corporation) == 0	
<u>Coument Number, if known</u> , a corporation organized under the laws of the State of (Document Number, if known)	
- Horida - me -	
F STATE FLORIDA	
Signature of resigning onicer/director)	
Dang Man Algo	

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 Taliahassee, Florida 32314

.

- - - -