G94558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Resignation

01/09/09--01022--009 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/16/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TORANZO DISTRIBUTOR INC.
(Name of Corporation)

DOCUMENT NUMBER: G94558

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

Please return all correspondence concerning this matter to the following:

EFREN L TORANZO
(Name of Person)

TORANZO DISTRIBUTOR, INC
(Name of Firm/Company)

4620 N THATCHER AVE
(Address)

TAMPA FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

EFREN L TORANZO at (813) 879-7346
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, EFREN L TORANZO, hereby resign as PRESIDENT
(Title)

of TORANZO DISTRIBUTOR, INC., EFFECTIVE 1/9/2009
(Name of Corporation)

G94558, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

E. Toranzo
(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