

518388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

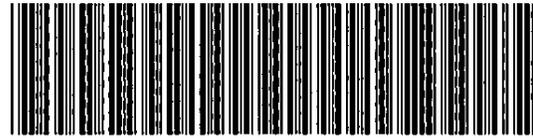
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DAVINCI'S OF PORT ST. LUCIE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** J18388

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

Please return all correspondence concerning this matter to the following:

**VICTOR FEOLA**

(Name of Person)

**DAVINCIS OF PORT SAINT LUCIE**

(Name of Firm/Company)

**6692 SOUTH U.S.1**

(Address)

**PORT SAINT LUCIE, FL. 34952**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ANTHONY FEOLA**

(Name of Person)

at ( 772 ) 466-9331

(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, VICTOR FEOLA, hereby resign as PRESIDENT  
(Title)

of DAVINCI'S OF PORT ST. LUCIE, INC.  
(Name of Corporation)

J18388, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

*Victorio Feola*  
(Signature of resigning officer/director)

**FILED**  
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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**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