

J370K13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

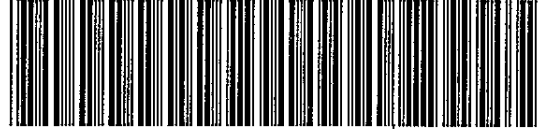
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

077/bio resign  
MD 9/22

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** R. CARRINO OF CENTRAL FLORIDA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** J37043

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

Please return all correspondence concerning this matter to the following:

BRENT HANSON  
(Name of Person)

DOWNTOWN BUSINESS  
(Name of Firm/Company)

7345 SANDLAKE RD #412  
(Address)

ORLANDO FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRENT HANSON at ( 407 ) 352 7006  
(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**

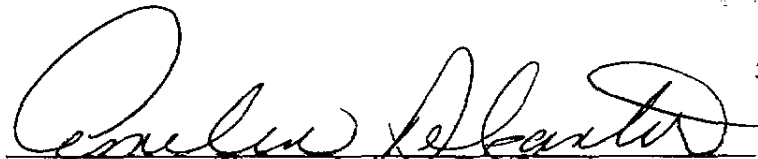
I, AMELIA DELSANTER, hereby resign as DIRECTOR  
(Title)

of R. CARRINO OF CENTRAL FLORIDA, INC.,  
(Name of Corporation)

537043, a corporation organized under the laws of the  
(Document Number, if known)

FLORIDA.

FILED  
04 SEP 13 AM 11:01  
REGISTRAR OF STATE  
TALLAHASSEE, 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