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COVER LETTER

SUBJECT: TOCCO CUSTOM F	FRAMING & RESTORATION, INC
	(Name of Corporation)
DOCUMENT NUMBER: J809	20
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Christopher E. Mast	
(Name of Person	on)
Christopher E. Mast, P.A.	
(Name of Firm/Con	mpany)
1059 5th avenue north	·
(Address)	
Naples, Florida 34102	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Christopher E. Mast	at (239) 434-5922 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

.:

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. JASON D.TOCCO	, hereby resign as_	Vice-President (Title)		
1,				
of TOCCO CUSTOM FRAMIN			<u></u>	.,
J80920 (Document Number, if known)	ume of Corporation), a corporation organized un	der the laws of the	State of	
Florida				
}	(Signature of resigning officer/direct	tor)	2010 HAY -3	or here or the second
			MIII: 25	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314