K88499

(Requestor's Name)	_
((Address)	_
((Address)	_
	(City/State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
((Business Entity Name)	_
		<u>;</u>
((Document Number)	,
Certified Copies	Certificates of Status	: :
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: NUNZIA INC.
SUBJECT: NUNZIA, INC. (Name of Corporation) DOCUMENT NUMBER: K88499 (FEI/EIN 592957269)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GIOVANNI BARBALACO (Name of Person)
NUNZIA, INC. / ALOHA CLEANERS (Name of Firm/Company)
16266 GREEN APPLE WAY (Address)
DELRAY BEACH, FLORIDA 33484 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ĭ,	GIOVANNI BARBALACO, hereby resign as TREASUR	LER	(1	res)
of	Nunzia / INC. (Name of Corporation)		· · · · · · · · · · · · · · · · · · ·	.,
	(Document Number, if known), a corporation organized under the laws of the	State o	f	
	FLORIDA.			
				•*
	(Signature of resigning officer/director)	JAT.	0.0	
		ORE TAR	09 301 30	THE MEN
	FILING FEE IS \$35.00	Y OF STATE.	AH 11: 37	
	Make checks payable to Florida Department of State and mail to:	AUE.	37	
	Amandanant Castina			

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