

L64175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300276348953

Resignation
Of Officer

08/28/15--01023--008 **35.00

FILED
218 AUG 28 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 01 2015
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LANDI & ASSOCIATES, INC.
(Name of Corporation)

DOCUMENT NUMBER: L64175

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

Please return all correspondence concerning this matter to the following:

GRACE HAIMES

(Name of Person)

(Name of Firm/Company)

5705 GULF DRIVE

(Address)

NEW PORT RICHEY, FL 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY LANDI at **(727) 842-7930**
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2015 AUG 28 PM 3:59

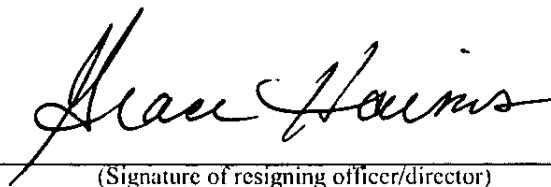
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY

I, GRACE HAIMES, hereby resign as _____
(Title)

of LANDI & ASSOCIATES, INC.
(Name of Corporation)

L64175, a corporation organized under the laws of the State of
(Document Number, if known)

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