

M16272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

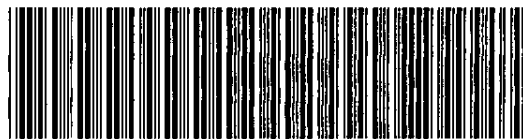
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

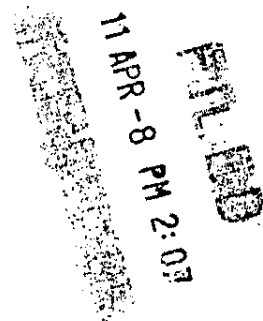
Special Instructions to Filing Officer:

Office Use Only



500200635385

04/08/11--01031--027 **35.00



O/D Resign.

04/11/11

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ralph Della-Pietra, Inc.
(Name of Corporation)

DOCUMENT NUMBER: M16272

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

Please return all correspondence concerning this matter to the following:

James Della-Pietra
(Name of Person)

Ralph Della-Pietra, Inc.
(Name of Firm/Company)

6698 Hillside Lane
(Address)

Lantana, Florida 33462
(City/State and Zip Code)

For further information concerning this matter, please call:

James Della-Pietra at (561) 704-0777
(Name of Person) (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

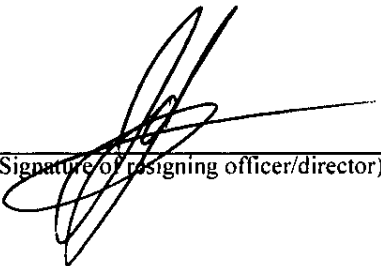
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

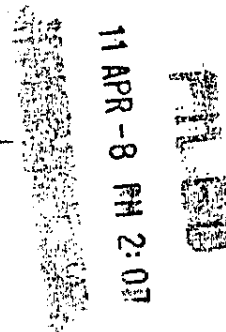
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James Della-Pietra, hereby resign as Vice President
(Title)

of Ralph Della-Pietra Inc.
(Name of Corporation)

M16272, 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