N08000001159

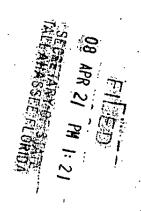
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
		
Special Instructions to Filing Officer:		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: San Gennaro Festa	Inc.
SUBJECT: Can Command to Cons	(Name of Corporation)
NIO	000001759
DOCUMENT NUMBER: NUMBER:	000001759
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Ann Pici	
(Name of Per	son)
San Gennaro Festa Inc.	
(Name of Firm/Co	ompany)
10826 72ND AVE	
(Address)	
NORTH SEMINOLE FL 33772	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Ann Pici	at (727) 418-2737 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le 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, Mary Jane Lankford	, hereby resign as		
	•	(Title)	
of San Gennaro Festa Inc.		•	
(Nam	ne of Corporation)		
N08000001759 (Document Number, if known)	_, a corporation organized under the laws of the State of		
Florida			
Mary	(Signature of resigning officer/director)	OR APR 2 PM	
	FILING FEE IS \$35.00	3 ₹ ₹	

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

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