(Requestor's Name) (Address)	
(Address)	200251832352
(City/State/Zip/Phone #)	09/24/1301007002 <b>**</b> 35
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## **TRANSMITTAL LETTER**

TO: Amendment Section Division of Corporations

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-talian Family testa, (Name of Corporation) **SUBJECT:** 00000104 E **DOCUMENT NUMBER:** 

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

Please return all correspondence concerning this matter to the following:

reller Sinke (Name of Firm/Company) OKBOLO C. (Address) 30312 alassa an (City/State and Zip Code)

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number)en Dirke at (

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

CR2E044 (05/13)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Oak Duke , hereby resign as <u>tocal uper</u> (Title) <u>Italian Family tosta Ihc</u> (Name of Corporation) (Name of Corporation) 1000010453, 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

MANSEE MAR

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

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