## N23000000118

(Re	questor's Name)	
——————————————————————————————————————	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

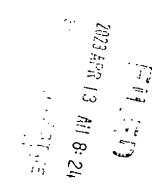
Office Use Only



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S. CHNTitn



## TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: OFFICER RE	SIGNATION (Name of Corporation)		
DOCUMENT NUMBER: N2300	0000118		
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
ANTHONY MANGIARACIO (Name of Person)	<u>A</u>		
SUNCOAST UNITED PIPES (Name of Firm/Company)	AND DRUMS		
2650 EAGLES CREST CO	URT		
HOLIDAY, FLORIDA 34 (City/State and Zip Code	691		
For further information concerning this m	natter, please call:		
ANTHONY MANGIAR ACINA (Name of Person)	at (847) 338-8048 (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

وم بالخسر ما ال

I. ANTHONY MANGIARAC	-INA .	nereby r	esign as	RESIDE	(Title)	<del></del>	
of SUNCOAST VALTED	PIPES of Corporation	A21)	DRUMS	lni		<u> </u>	<u> </u>
N 23 או כם ספספ 118 (Document Number, if known)	_, a corporat	i <b>o</b> n orga	inized under t	he laws of	The State	of	
FLORIDA	•				<u> </u>	2023 APR	. <u>ر</u>
Anthor	ignature of res	ry ughing of	licer/director)	-	) Tarphe	13 All 8: 24	

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 Tailahassee, Florida 32314