

PO00000073077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

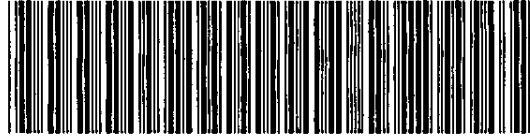
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000279558630

*Resignation
of Officer*

11/30/15--01047--005 **35.00

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15 NOV 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 3 2015
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANTICO ITALIANO, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000073077

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

Please return all correspondence concerning this matter to the following:

MASSIMO VALCAVI
(Name of Person)

ANTICO ITALIANO, INC
(Name of Firm/Company)

2011 NW 33RD STREET
(Address)

POMPANO BEACH, FL. 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

MASSIMO VALCAVI at 954 968-3662
(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

15 NOV 30 PM 3:05

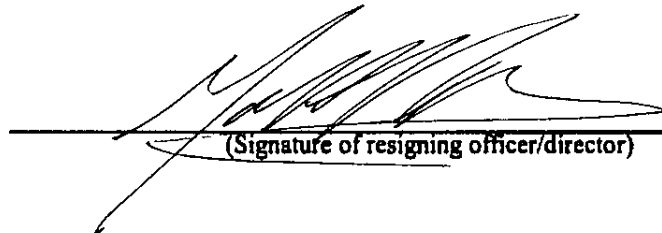
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MATTEO VALCAVI, hereby resign as VICE-PRESIDENT/DIR
(Title)

of ANTICO ITALIANO, INC.
(Name of Corporation)

P00000073077, 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