

PO1000104281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

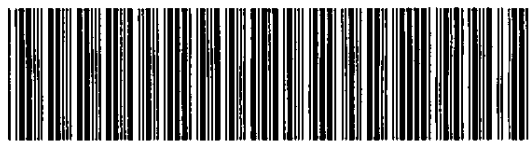
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000278949710

Resignation
DB Officer

11/20/15--01011--009 **35.00

FILED
2015 NOV 20 PM 3:01
STATE OF FLORIDA
TALLAHASSEE

NOV 23 2015
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ALL RESTORE, INC**

(Name of Corporation)

DOCUMENT NUMBER: **P01000104281**

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

Please return all correspondence concerning this matter to the following:

JEFF LAZZERI

(Name of Person)

ALL RESTORE, INC

(Name of Firm/Company)

18291 SW 206 ST

(Address)

MIAMI, FL 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF LAZZERI

(Name of Person)

at **305** **238-2391**

(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

2015 NOV 20 PM 3:01

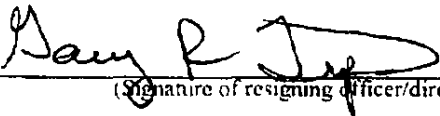
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GARY R TIPALDI, hereby resign as DIRECTOR
(Title)

of ALLRESTORE, INC
(Name of Corporation)

P01000104281, 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