

PO1000115397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

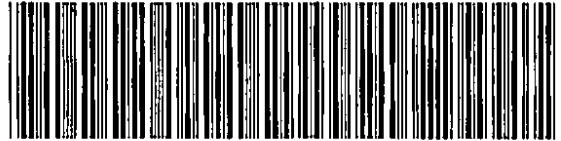
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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FEB 22 2019

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Krosiak Enterprises Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO1000115397

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

Please return all correspondence concerning this matter to the following:

Olga Krosiak  
(Name of Person)

Krosiak Enterprises Inc.  
(Name of Firm/Company)

PO Box 1037  
(Address)

Riverview, FL 33568  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph J. Krosiak at ( 813 ) 293-8704  
(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

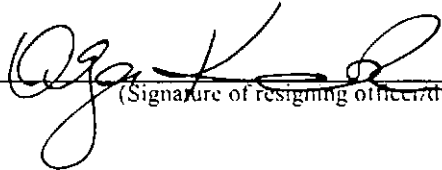
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Olga Kroshk, hereby resign as Secretary  
(Title)

of Kroshk Enterprises Inc  
(Name of Corporation)

P01000115397, 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**

SECRETARY'S OFFICE  
TALLAHASSEE, FL

2019 FEB 19 PM 3:37

**FILED**

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

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