## P01000118107

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(24	omood Emary Man	,
(Do	cument Number)	
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Certified Copies	_ Centificates	s or Status
Special Instructions to	Filing Officer:	
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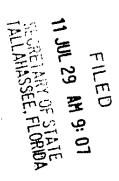
Office Use Only



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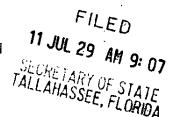
## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUB.	JECT: AMICI PIZZA & DELI, INC.	
	(Name of Corpora	ition)
DOC	CUMENT NUMBER: P01000118107	:
The e	enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the	e following:
JOS	SEPHINE MANNINO	
	(Name of Person)	
AMI	ICI PIZZA & DELI, INC.	
	(Name of Firm/Company)	
262	252 SR 54	
	(Address)	
LUT	TZ, FL 33559	
	(City/State and Zip Code)	
For fi	further information concerning this matter, please call:	
JOS	SEPHINE MANNINO at ( 813	973-9734 & Daytime Telephone Number)
	(Name of Person) (Area Code	& Daytime Telephone Number)
Enclo	osed is a check for \$35,00 made payable to the Florida I	Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, VINCENT MANNINO	, hereby resign as_	VICE PRESIDENT	
**		(Title)	
of AMICI PIZZA & DELI, INC.			
	ne of Corporation)		
P01000118107	, a corporation organized un	der the laws of the State of	
(Document Number, if known)	not position of Same of an		
FLORIDA			
	<b></b> '		
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(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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