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(Re	equestor's Name)	<u> </u>
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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LAHASSEE, FLORIDA

FEB 13 PM 12:

TRANSMITTAL LETTER

SUBJECT: Basket Gift Shop dba A Wine Place (Name of Corpora	tion)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Michael Trinkowsky	
(Name of Person)	•
Basket Gift Shop dba A Wine Place	
(Name of Firm/Company)	JAF
PO BOX 661307	LAHE EB 1
(Address)	ARY SSEE
Miami Springs, FL 33266	04 FEB 13 PM 12: 10 O4 FEB 13 PM 12: 10 FALLAHASSEE, FLORIDA
(City/State and Zip Code)	ORA:
For further information concerning this matter, please call:	DA
Michael Trinkowsky at (954)	554-5132
(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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Michael Trinkowsky	, hereby resign as Vice President
	(Title)
of_ Basket Gift Shop, Inc.	,
(Name of Corpor	poration organized under the laws of the State of
(Document Number, if known)	poration organized under the raws of the State of
Florida	
(Signature	O4 FEB 13 PH 12: 10 Shunk JARY OF STATE TALLAHASSEE, FLORID of resigning officer/director)

FILING FEE IS \$35.00

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