## P02000074462

(F	Requestor's Name)
(/	(ddress)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
L 3 4 6	
	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
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SECRETARY OF STATE TALLAHASSFE FLORIDA

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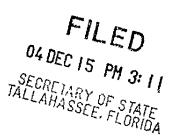
Officer Resignation

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Italian Cash & Carry, Inc.  (Name of Corporation)  P02000074462
DOCUMENT NUMBER: PU2000074462
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Biagio Montaiuti
(Name of Person)
Italian Cash & Carry, Inc.
(Name of Firm/Company)
10219 General Drive
(Address)
Orlando, FL 32824
(City/State and Zip Code)
For further information concerning this matter, please call:
ACHIUTS SCIAZOIA at (407 ) 240-1724 (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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Biagio Montaiuti	hereby resign as Secretary
,	(Title)
of Italian Cash Carry, Inc.	,
(Na	me of Corporation)
P02000074462 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
Pro	Mark.
	(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