P02.000076315

(Re	equestor's Name)	
•		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	» #)
₄ ☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Adio Excellence of St. Pete, Trc (Name of Corporation) DOCUMENT NUMBER: PO20000 76313
DOCUMENT NUMBER: VO300076315
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JA Me S Doke (Name of Person)
Add Excellence of St Pete, INC (Name of Firm/Company)
500 110th Ave N. #813
ST. Petersburg FL 33716 (City/State and Zip/Code)
For further information concerning this matter, please call:
James Dike at (72) 322 - 2900 (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

03 15/1 ED 23 PM 3-07 , a corporation organized under the laws of the State of

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