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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE.

12-15.

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PIX SEA RESTAURANT INC (Name of Corporation)
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 following:
PIX-SEA REST. INC (Name of Firm/Company)  (Address)
PNGLEWOOD FL 34224 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (941) 697-3379 (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

. . .

L MARIAN	1 BEL	CZYN SKI	, hereby resign as_	PRES	DENT		
of PIX-	- SEA	RESTAURÓ	fic.				,
FIE # 7	2 -15	(Name of Corpo	ration) 02 0000 884, poration organized un	28 der the laws of th	he State of	f	
FLORID	•	•			<del></del> -	_	
					SECRETARY!	330 t	77
		- AM	MA	>	ARY OF	13 PH	
		(Signature	of resigning officer/direct	tor)	STATE	13:15	O

## 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