P03000010353

•			
(Requestor's Name)		
	Address)	•	
(Address)		
	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
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05/02/08--01020--013 ++25.00

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BOWLARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2008

ISABELLE MIRANDA EDUARDO A. EXPOSITO & ASSOC 10726 NW 58TH STREET DORAL, FL 33178

SUBJECT: ARTIGIANO, INC. Ref. Number: P03000010353

We have received your document for ARTIGIANO, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The correct form was submitted but the additional fee of \$10 was not received. This information was contained in my letter to you of May 9, 2008.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 108A00032604

TALL AHASSEE, FLORIDA

00:8 MA 6- NUL 800S

RECEIVED

COVER LETTER

Division of Corporations
SUBJECT: Artigiano Inc (Name of Corporation) DOCUMENT NUMBER: PO3000010353
DOCUMENT NUMBER: 10300010353
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
Artigiano arno (Name of Firm/Company)
HOIA LAGUNA St. (Address)
coral Caples, Florida 33146 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (2005)86 35 Lo-8488 (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
Post Office Box 6327
Tallahassee, FL 32314

RECEIVED
SOOB MAY SS AH 8: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Clorge 2 alt	, hereby resign as	
0		(Title)
of Artic	grand, FnC of Corporation)	,
P 0 3 0 0 0 1 0 3 5 3 (Document Number, if known)	, a corporation organized under the laws of	of the State of
florida.		
	Signature of resigning officer/director)	
F	FILING FEE IS \$35.00	ALLASSEE, PLO

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

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