

PO3000053361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

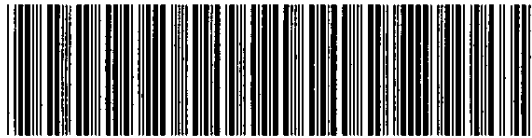
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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROMAN GROUP OF TAMPA, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000053361

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELLE M. ROMAN

(Name of Person)

ROMAN GROUP OF TAMPA, P.A.

(Name of Firm/Company)

4002 W WATERS AVE STE. 5

(Address)

TAMPA, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELLE M ROMAN at ( 813 ) 264-1922  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

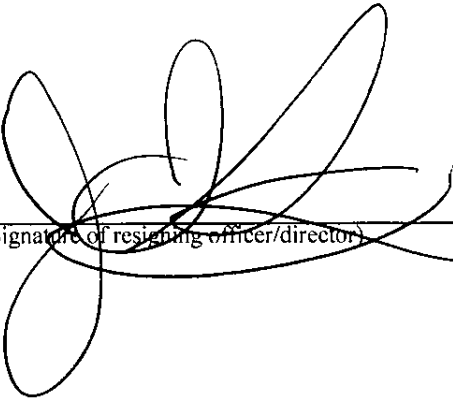
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOSE I ROMAN, hereby resign as VICE PRESIDENT  
(Title)

of ROMAN GROUP OF TAMPA P.A.  
(Name of Corporation)

P03000053361, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

**FILED**  
2009 AUG 28 PM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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