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(Re	questor's Name))
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
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(Business Entity Name)		
(Document Number)		
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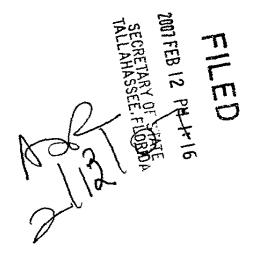
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SAM'S DELICE GAIL TAX.

(Name of Corporation)

DOCUMENT NUMBER: PO30000 80 5 95

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

Please return all correspondence concerning this matter to the following:

HENRY ZABIEHNSKY

(Name of Person)

SAM'S DELICE GAIL TAX

(Name of Firm/Company)

740 4157

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

HEWAY ZAGIELIUSICY at (305) 4919323 (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 FILE IJ
FOR A CORPORATION 7007 FEB 12 PM 1: 16

SECRETARY OF STATE TALLAHASSEE.FLORIDA

I, HENRY ZAGIELINGRY, hereby resign as PTD

of SAM'S DELI & GAIII, TAX.

(Name of Corporation)

PO 30000 80595, a corporation organized under the laws of the State of (Document Number, if known)

Florida.

(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