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| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Address)                               |
| *                                       |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

Division of Corporations

SUBJECT: GALAXY TILE + MARBLE TUC.

(Name of Corporation)

DOCUMENT NUMBER: # PO3000110666

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

Please return all correspondence concerning this matter to the following:

STAUE CASSONE
(Name of Person)

GALAXY TILE + MARBLE TUC.

GAMPANAME OF Firm/Company)

1914 JACQUES DR. VIERA FL. 32940

(Address)

THAFL. 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

STAUE CASSONE
(Name of Person)

at (321) 242-9867
(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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | STEVE CASSONE |                 | _, hereby resi   | ign as 🧷     | RESIO       | (Title)            |                     |       |
|----|---------------|-----------------|------------------|--------------|-------------|--------------------|---------------------|-------|
| of | GALAXY TILE   | ne of Corporati | 1325 C           | Ivc:         |             |                    |                     |       |
| _  | nn            |                 | ration organi    |              | e laws of t | he State           | of                  |       |
|    | FLORIDA       | <u> </u>        | #·               | <u></u> .    |             |                    |                     | ÷     |
|    |               | (Signature of   | resigning office | er/director) |             | SECRETARY OF STATE | 06 APR 21 AN 10: 55 | FILED |

## 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