703000/46242

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400260896604

06/06/14--01014--026 **70.00

SEGNE LAND SEATE

JUN 18 2014

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

MARIO TILE CORP

(Name of Corporation)

DOCUMENT NUMBER: P03000146242

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

Please return all correspondence concerning this matter to the following:

DAVID MAGAN

(Name of Person)

MARIO TILE CORP

(Name of Firm/Company)

6348 HAMPTON POINTE CIR

(Address)

LAKELAND,FL 33813

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID MAGAN

_{...}863 \ 5

529-5303

(Name of Person)

(Area Code & Daytime Telephone Number)

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

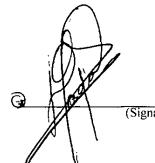
Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} MARIO D. MAGAN	, hereby resign as PRESIDENT	
	(Title)	
MARIO TILE COR		
(Name	of Corporation)	
P03000146242	, 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