(Re	equestor's Name)	
(Ac	ldress)	<u>, </u>
. (Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isinėss Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	: Amendment Section Division of Corporations	
SUB.	BJECT:IIM MANGINO & SON	, INC.
		(Name of Corporation)
DOC	CUMENT NUMBER: P03000	0155081
The e	enclosed Officer/Director Resignation	tion for a Corporation and fee are submitted for filing.
Pleas	ase return all correspondence conce	rning this matter to the following:
TEF	ERRI LOWE	
	(Name of Person)	
PAF	ARSONS ACCOUNTING	
	(Name of Firm/Comp	any)
328	8 W OAK STREET	
	(Address)	
KIS	SSIMMEE, FL 34741	
	(City/State and Zip Co	ode)
For f	further information concerning this	s matter, please call:
TER	RRI LOWE	at (407) 343-9067 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	closed is a check for \$35.00 made page	ayable to the Florida Department of State.
Amer Divis Clifto 2661	rendment Section Arision of Corporations Enton Building P	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Callahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} JAMES S MANGINO	, hereby resign as PRESIDENT
7	(Title)
ofJIM MANGINO & SON, INC.	
(Name	of Corporation)
P03000155081 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
\bigcap_{a}	S Maria Comment
- Ja	Mus of resigning officer/prector)

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

SECRETARY OF STATE