## P04000014827

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

Office Use Only



900136912919

10/20/08--01027--015 \*\*35.00

PILED

08 OCT 20 PM 2: 30

beging fary of state

07 /25 W

## **COVER LETTER**

Oswald Properties, Inc. SUBJECT: (Name of Corporation) P04000014827 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leonard Oswald (Name of Person) Oswald Properties, Inc. (Name of Firm/Company) 1649 Heron Drive South (Address) Lorida, FL 33857 (City/State and Zip Code) For further information concerning this matter, please call: David J. Fasano, CPA (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Steven John Mangini	, hereby resign as	Vice President	
	, nerecy reason as_	(Title)	
of Oswald Properties, Inc.			
(Name of C	Corporation)		·
P0400014827 (Document Number, if known)	a corporation organized un	der the laws of the State	of
Florida		_ *	
(Sign	ature of resigning officer/direc	SECRETARY OF STATE ALL AHASSEF. FLORIN	FILED 08 0CT 20 PH 2: 30

## 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