PD4000075618

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Doc	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	

ι

Office Use Only



800058439198

08/12/05--01007--008 **35.00



OID Res

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PEZANO'S (Name of Corporation) DOCUMENT NUMBER: PO40060 756/8
DOCUMENT NUMBER: P040000 75618
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOHN P FIORINI (GIOLANNI & FIORINI) (Name of Person)
PIE ZANOS INC (Name of Firm/Company)
6693 N. HIGHNAY 1
PORT 57. 50Hn Fl.A. 32927 (City/State and Zip Code)
For further information concerning this matter, please call:
DEWNIS GIELS at (32/) 638-4749 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

TRANSMITTAL LETTER

SUBJECT: PIE ZANO'S (Name of Corporation) DOCUMENT NUMBER: PO 40000 73618 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TOHN (Name of Person) (Name of Firm/Company) (Name of Firm/Company)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tolto Flore OFFICE OFFICE OFFICE NOTE (Name of Firm/Company)
Please return all correspondence concerning this matter to the following: John Flore Clouder P. Flore N. (Name of Person) (Name of Firm/Company)
Name of Firm/Company) (Name of Firm/Company)
NE ZANOS INE (Name of Firm/Company)
(Traine of Time Company)
1.193 N' 410WAY 9
(Address)
PORT ST. SUHN. FLA. 32927 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (32/) 638-4794 (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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CGIONAWNIR FICKINI, hereby resign as PAC	SIDENT (Title)
of PIE 24NO 9 (Name of Corporation)	·
PO 4006575618, a corporation organized under the laws of (Document Number, if known)	of the State of
FLORIBA	
John P. France Gravier P	Lour
FILING FEE IS \$35.00	05 AUG 12 1 SECRETARY I

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: