PO4 6000 76570

(R€	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(8)	siness Entity Nam	20)		
(bu	Siness Endry Nan	iej		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400080413744

10/04/06--01017--025 **35.00

FILED

06 OCT -4 AN II: 14

SECRETARY OF STATE
TARLAHASSEE FETARE

KHA UPAKESIGA

COVER LETTER

TO: Amendment Section Division of Corporations		- · · · · · · · · · · · · · · · · · · ·
SUBJECT: Sandra Stallones Ma	sonry Inc	
	(Name of Corpo	oration)
DOCUMENT NUMBER: P040	00076579	
The enclosed Officer/Director Resig	nation for a Corporation	on and fee are submitted for filing.
Please return all correspondence con	cerning this matter to	the following:
Jeffrey Shawn Stallone		
(Name of Perso	on)	_
(Name of Firm/Cor	npany)	_
8 E Summit Street		
(Address)	· · · · · · · · · · · · · · · · · · ·	_
Apopka, FL. 32712		
(City/State and Zip	Code)	_
For further information concerning t	his matter, please call:	•
Jeffrey Stallone	at (407	703-6669 de & Daytime Telephone Number)
(Name of Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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 Corporati Post Office Box 6327 Tallahassee, FL 323	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Jeffrey Shawn Stallone	, hereby resign as_F.O		
**	,y <u></u> ,	(Title)	
of Sandra Stallones Masonry I	nc		
(Nai	ne of Corporation)		
P04000076579	, a corporation organized under the	laws of the State of	
(Document Number, if known)	, a corporation organized ander are		
Florida			
	<u>-</u>		
	N		

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