

PO4000105985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

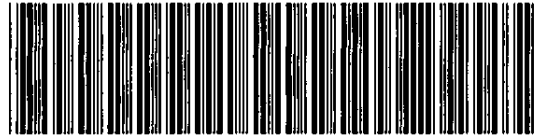
(Business Entity Name)

(Document Number)

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06 MAY 16 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAILED MAY 23 6:00 PM
10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L-N-D's Italian Pastry

(Name of Corporation)

DOCUMENT NUMBER:

P04000105985-

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

Please return all correspondence concerning this matter to the following:

Lucille Campisi

(Name of Person)

L-N-D's Italian Pastry

(Name of Firm/Company)

4066 Deltona Blvd.

(Address)

Spring Hill, Florida 34606

(City/State and Zip Code)

For further information concerning this matter, please call:

Lucille Campisi

(Name of Person)

at (352) 688-8939

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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 Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lucille Campisi, hereby resign as President
(Title)

of L + D's Italian Pastry, Inc.
(Name of Corporation)

PO 4000105985, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

I NO LONGER HOLD ANY shares
or responsibilities to the Corp.

Lucille Campisi
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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