

PO4000120721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

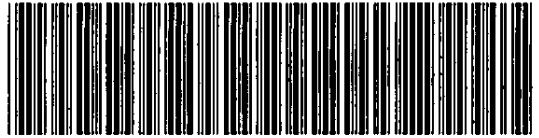
(Business Entity Name)

(Document Number)

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100172011451

*Resignation  
to officer*

03/17/10--01030--007 \*\*35.00

FILED  
2010 MAR 17 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR  
3/18/10*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TUSCANY ENTERPRISES INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P 04000120721

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

Please return all correspondence concerning this matter to the following:

DWIGHT DE OLIVEIRA  
(Name of Person)

TUSCANY ENTERPRISES INC  
(Name of Firm/Company)

21113 JOHNSON ST #130  
(Address)

PEMBROKE PINES, FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

DWIGHT DE OLIVEIRA at ( 954 ) 432-3329  
(Name of Person) (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, DWIGHT DE OLIVEIRA, hereby resign as

of TUSCANY ENTERPRISES INC  
(Name of Corporation)

P04000120721, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

  
(Signature of resigning officer/director)

**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

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