

PO 4000/56973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

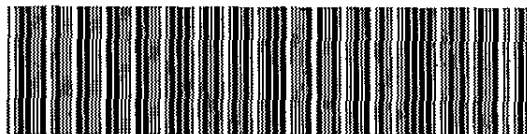
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THEE IMPERIAL INC
(Name of Corporation)

DOCUMENT NUMBER: P04000156973

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

Please return all correspondence concerning this matter to the following:

MICHAEL L CIERO
(Name of Person)

THEE IMPERIAL INC
(Name of Firm/Company)

325 W FORTYTH
(Address)

JACKSONVILLE, FL 32202
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL CIERO at (904) 962-2622
(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, MICHAEL L CIERO, hereby resign as OFFICER / DIRECTOR
(Title)

of THEE IMPERIAL,
(Name of Corporation)

904000156973, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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06 AUG 21 PM 3:15
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