P040001600444

(Requestor's Name)								
(Address)	—							
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(Address)								
(City/State/Zip/Phone #)	_							
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)	_							
Certified Copies Certificates of Status								
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Office Use Only



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SECRETARY OF STATE
TAIT AMASSEE, FLORIDA

OD Pes.

COVER LETTER

Division of Corporations
SUBJECT: VERTORIS PIZZA HOUSE RESTAURANT INC Name of Corporation) PO4000160044
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VASILIOS PAPAGIANIS (Name of Person)
(Name of Firm/Company) 5174 NAOTHRIOGE DAAD APT 147
5174 NORTHRIDGE ROAD, APT 107 (Address)
SARASOTA, FL 3 4233 (City/State and Zip Code)
For further information concerning this matter, please call:
CHRISTINE TAYLOR HARMAN at (941) 350-8846 (Name of Person) at (441) 350-8846 (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 Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, ()	HRISTINE TA	YLOR HA	RMAN hereby resign a	as VP		
-, <u></u>					(Title)	
of	VERTOR15			ST. INC		_,
(ا میلیمیلی	(Name of Corp	poration)			
	04 000 1600	, a cc	orporation organized	under the laws o	of the State of	
(Document Number, if know	n)				
	FLORIDA					4
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	Chri		ylor Harm		NO MI	ED
		(Signatur	re of resigning officer/di	rector)	95	
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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