

PD50000001078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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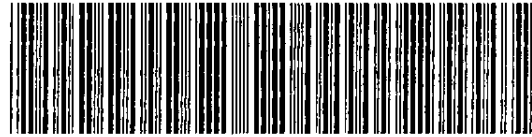
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 26 AM 8:29

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@ 5/57/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TIZIANO SALINAS, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000001078

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

Please return all correspondence concerning this matter to the following:

TIZIANO SALINAS

(Name of Person)

TIZIANO SALINAS, P.A.

(Name of Firm/Company)

1000 5TH STREET SUITE 223

(Address)

MIAMI BEACH FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

TIZIANO SALINAS at (305) 244-9693
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2011

TIZIANO SALINAS
TIZIANO SALINAS, P.A.
1000 5TH STREET - SUITE 223
MIAMI BEACH, FL 33139

SUBJECT: TIZIANO SALINAS, P.A.
Ref. Number: P05000001078

We have received your document for TIZIANO SALINAS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

YOU FAILED TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00012203

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TALLAHASSEE, FLORIDA

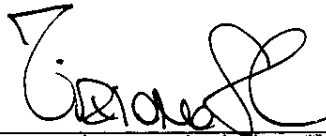
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TIZIANO SALINAS, hereby resign as PRESIDENT
(Title)

of TIZIANO SALINAS, P.A.
(Name of Corporation)

P05000001078, 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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DIVISION OF CORPORATIONS
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