

PO5000036188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUTHENTIC TASTE OF PHILLY SUB SHOPPE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000036188

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

Please return all correspondence concerning this matter to the following:

DAVID J. VALERIO

(Name of Person)

AUTHENTIC TASTE OF PHILLY SUB SHOPPE

(Name of Firm/Company)

630 NE 2ND AVE.

(Address)

CRYSTAL RIVER, FL. 34429

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID J. VALERIO

(Name of Person)

at (727) 585-3865

(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

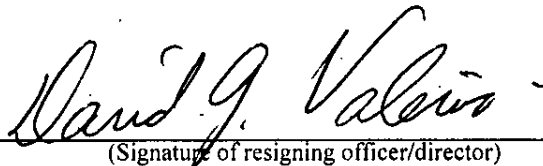
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DAVID J. VALERIO, hereby resign as VP
(Title)

of AUTHENTIC TASTE OF PHILLY SUB SHOPPE, INC.
(Name of Corporation)

P05000036188, 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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