

P05000077131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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300060154543

*Resignation  
of  
officer*

10/06/05--01015--005 \*\*10.00

FILED  
05 OCT -6 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ADR  
10/18/05*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Four Seasons Pizza, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000077131

The enclosed Officer/Director Resignation<sup>s</sup> for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James M. O'Connor  
(Name of Person)

Four Seasons Pizza, Inc.  
(Name of Firm/Company)

2730 Glynnis Court  
(Address)

Trinity, FL 34655  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Sakellarides, Esq. at ( 727 ) 785-1228  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for <sup>20.00</sup> ~~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**

**FILED**  
**05 OCT -6 AM 9:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, BRIAN CUMMINGS, hereby resign as Director (Title)

of Four Seasons Pizza, Inc. (Name of Corporation)

P05000077131, 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