

P05000154693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

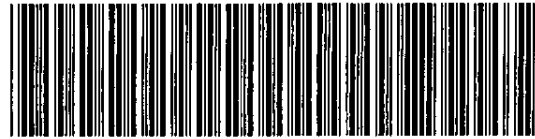
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 12 PM 1:16

DD/RES
@ 3/13/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Officer

(Name of Corporation)

DOCUMENT NUMBER: P05000154693

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

Please return all correspondence concerning this matter to the following:

William R Turcotte

(Name of Person)

Antinori Management Group, Inc.

(Name of Firm/Company)

5629 S Ridgewood Ave

(Address)

Port Orange, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

William R Turcotte

(Name of Person)

at (386) 761-2830

(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:

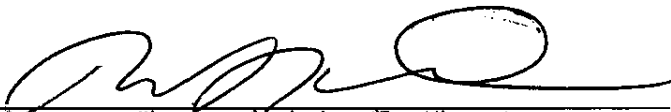
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, William R Turcotte, hereby resign as Vice-President
(Title)

of Antinori Management Group, Inc.
(Name of Corporation)

P05000154693, 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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