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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #)	1
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PICK-UP	☐ WAIT	MAIL
	ısiness Entity Name)	
(DL	isiness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE OF CORPORATIONS
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COVER LETTER

Amendment Section Division of Corporations

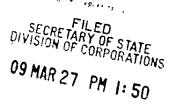
TO:

SUBJECT: ANTHONY ELECTRIC, CORP (Name of Corporation)
, ,
DOCUMENT NUMBER: P 06 000 129 793.
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mihail Pricop. (Name of Person)
Anthony Electric, Corp. (Name of Firm/Company)
1401 NE 10TH ST (Address)
POMPANO BEACH, FL 33060 (City/State and Zip Code)
For further information concerning this matter, please call:
Mihail Pricop at (305) 297 6428. (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, Mihail Pi	ricop, hereby resign as	s Vice Presider
of Anthoni	telectric, Co (Name of Corporation)	irp.
P 06 000 129 79 3 (Document Number, if kno	3, a corporation organized u	under the laws of the State of
Florid	<u>a.</u>	

FILING FEE IS \$35.00

(Signature of resigning officer director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314