

PO6000137292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

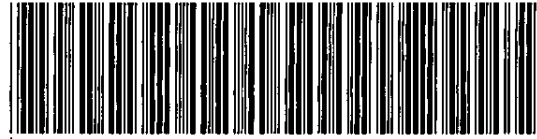
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

officer Resignation

TB 10/14/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THAYER-NOCCO CONCESSIONS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P06000137292

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JEFFREY J. NOCCO

(Name of Person)

THAYER-NOCCO CONCESSIONS, INC.

(Name of Firm/Company)

8667 SEMINOLE BLVD UNIT 16B

(Address)

SEMINOLE, FL 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY J. NOCCO _____ at (727) 397-1484
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HELEN F. THAYER, hereby resign as PRESIDENT & SECRETARY
(Title)

of THAYER-NOCCO CONCESSIONS, INC.
(Name of Corporation)

P06000137292, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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