

P07000018404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

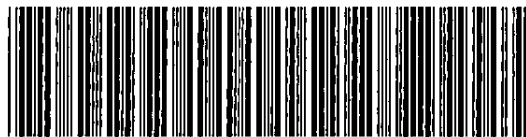
(Business Entity Name)

(Document Number)

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10/10/08--01004--023 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 10 AM 11:42

OD / Res
@ 10/16/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stucco RX Inc

(Name of Corporation)

DOCUMENT NUMBER: P07000018404

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

Please return all correspondence concerning this matter to the following:

Anthony lasimone

(Name of Person)

Stucco RX Inc

(Name of Firm/Company)

1328 Serissa Ct

(Address)

Orlando, Florida 32818

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony lasimone at (386) 864-7414

(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

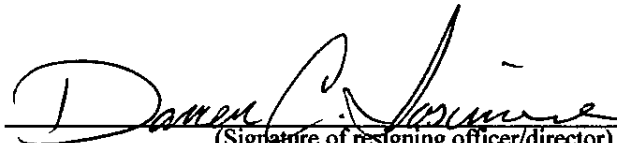
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Darren lasimone, hereby resign as Treasurer
(Title)

of Stucco RX Inc.
(Name of Corporation)

P07000018404, 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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