210120000121012

(Requestor's Name)
(Address)
(Address)
(Addicas)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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06/09/08--01012--016 **35.00

officer Resignation
TB 6/11/08

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: GALDORISI PAIN	ITING, INC.
Bo	(Name of Corporation)
DOCUMENT NUMBER: PO	7000021012
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
ANTHONY GALDORISI	•
(Name of Po	erson)
GALDORISI PAINTING, INC.	
(Name of Firm/	Company)
5383 KIRKWOOD AVE	
(Addres	s)
SPRING HILL, FL 34608	
(City/State and	Zip Code)
For further information concerning	g this matter, please call:
ANTHONY GALDORISI	at (352) 686-5345 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

TASECRETARY OF STATE

I, MARTIN GALDORISI	hereby resign as VICE PRESIDENT	
	,	(Title)
of_GALDORISI PAINTING, INC.		
(Name	of Corporation)	
P07000021012	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA	•	
	11	

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