## POIONIA

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800311316448

04/23/18--01004--006 \*\*70.00

OlDba

R. WHITE APR 27 2018 18 APR 26 PH 1: 27

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Icon Building Inc.
(Name of Corporation)
DOCUMENT NUMBER: P07000109448
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fabio Rodi
(Name of Person)
Icon Building Inc.
(Name of Firm/Company)
3475 Golden Gate Blvd. W.
(Address)
Naples Florida 34120
(City/State and Zip Code)
For further information concerning this matter, please call:
Antonetta Rodi at (239-)643-3689 (Area Code & Daytime Telephone Number)
(Name of Person) (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
P.O. Flox 6327
Tallahassee, FL 32314

TO:

Amendment Section

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı.</sub> Bruno Rodi	, hereby resign as Tres.
	(Title)
of Icon Building Inc.	
(Name	e of Corporation)
P07000109448 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	<u> </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