

P08000003513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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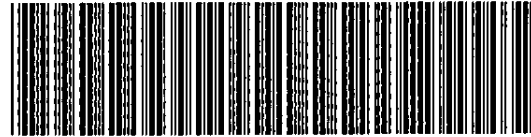
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BASH PARTIES INC - RESIGNATION AS OFFICER
(Name of Corporation) PRESIDENT

DOCUMENT NUMBER: P08000003513

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

Please return all correspondence concerning this matter to the following:

NICOLE E. PETTINEO
(Name of Person)

BASH PARTIES INC
(Name of Firm/Company)

5224 SW 87 AVE
(Address)

COOPER CITY FL. 33328-4330
(City/State and Zip Code)

For further information concerning this matter, please call:

NICOLE E. PETTINEO at (954) 270-2499
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2011

NICOLE PETTINEO
BASH PARTIES, INC.
5224 SW 87 AVE.
COOPER CITY, FL 33328-4330

SUBJECT: BASH PARTIES, INC.
Ref. Number: P08000003513

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 411A00025087

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

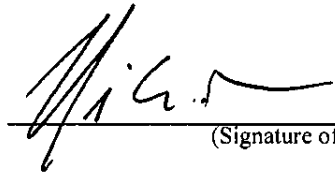
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Nicole E. Pettineo, hereby resign as PRESIDENT
(Title)

of BASH PARTIES INC.
(Name of Corporation)

708000003513, 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