P08000004830

(Red	questor's Name)	
(Ada	dress)	
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(Cit	//Chata/Zin/Dhana	- 40
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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0/1) Resign-10-1-13

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CSAKVARI CORPOLATION (Name of Corporation)
DOCUMENT NUMBER: PO80000 4830
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ZOLTAN KAZAY (Name of Person)
(Name of Firm/Company)
2321 SW 17th Ave
77 Lauderdale 71 33315 (City/State and Zip Code)
For further information concerning this matter, please call:
2017AN kAZAY at (954) 552 - 9088 (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. Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ZOLTAN KAZAY	, hereby resign as TREASURER (Title)
of CSAKVARI COR	CPORATION
Pronnencosh	, a corporation organized under the laws of the State of
1-20 K	·
Tal	(Signature of resigning officer/director)
	23 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1

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