P08000074640

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· · ·

Office Use Only



500139067015

12/18/08--01003--015 **35.00

Op/Dir lesign

DO DEC TO DM IT TO

T. Roberts NEC 1 9 2000

COVER LETTER

Division of Corporations
SUBJECT: Slice of New York
(Name of Corporation)
DOCUMENT NUMBER: 25
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Omar Feshir
(Name of Person)
Slice of New York
(Name of Firm/Company)
1310 85th Terrace N # D
(Address)
St. Petersburg FL 33702
(City/State and Zip Code)
For further information concerning this matter, please call:
Omar Feshir at (727) 330-8452 (Name of Person) (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.
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. Mohamed Feshir	, hereby resign as President
	(Title)
of Slice of New York	e of Corporation)
(Name	e of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida	 .
	Johand M. Feshin
	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