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(Re	questor's Name)	· · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO:	Amendment Section Division of Corporations
SHR.	JECT: Granite Transformations of Orlando, Inc.
БОВ	(Name of Corporation)
DOC	UMENT NUMBER: P07000086797
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Wai	ter J. Stanton III.
	(Name of Person)
Car	ney Stanton P.A.
	(Name of Firm/Company)
400	0 Ponce de Leon Boulevard, Suite 470
	(Address)
Cor	al Gables, FL 33146
	(City/State and Zip Code)
For fu	arther information concerning this matter, please call:
Walt	er J. Stanton III (Name of Person) at (305) 777-0261 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifte 2661	t Address: Indepent Section Identify Sec

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Andrea Di Giuseppe	, hereby resign as Director
	(Title)
of Granite Transformations of Orlando	o, Inc.
(Name of Co	rporation)
P0700086797a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
	B. []

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 18 15 PM 2: 37

