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, (Re	questor's Name)		_
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(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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Special Instructions to	Filing Officer:		
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Office Use Only



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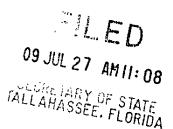
COVER LETTER

Amendment Section Division of Corporations

TO:

•
SUBJECT: CESARE BROTHERS Fri'L DC (Name of Corporation)
DOCUMENT NUMBER: Po800093663
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BFRNMO KOPIET (Name of Person)
BFR WARD KOPIST PA (Name of Firm/Company)
Jello PINIES RIVD # 3C2 (Address)
PEMBROLFE PINES FL 33039 (City/State and Zip Code)
For further information concerning this matter, please call:
BRNNO KORFT at (95) YY/~YCZ (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,	SUAN	SUED	, hereby resig	gn as	SECR
	•	·			(Title)
of	CESARE	BRODIES (Name of Co	DTL prporation)	Prc.	
Po	(Document Number,	,,	corporation organiz	ed under th	ne laws of the State of
	Floring				
		Sun	hul		
		(Signat	ure of resigning officer	r/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