

Pb 8000160789

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off
[Signature]

10-5-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Taste of Italy on the St. John's, Inc.

DOCUMENT NUMBER: P08000100789

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis Scourtas

Name of Contact Person

Louis Scourtas & Associates, Inc.

Firm/ Company

2430 Estancia Blvd Suite 108

Address

Clearwater, FL 33761

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis Scourtas

Name of Contact Person

at (727)

443-0709

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Taste of Italy On The St Johns, Inc
(Name of Corporation)

DOCUMENT NUMBER: P08000100789

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

Please return all correspondence concerning this matter to the following:

Jena A. Counts
(Name of Person)

116 Timber Lane
(Name of Firm/Company)

Palatka, FL
(Address)

32177
(City/State and Zip Code)

For further information concerning this matter, please call:

Jena A. Counts at (386) 937-4519
(Name of Person) (Area Code & Daytime Telephone Number)

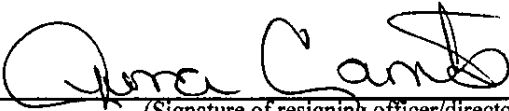
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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, Sera Counts, hereby resign as officer/director
(Title)
of Taste of Italy on the St. Johns, Inc.
(Name of Corporation)
P08000100789, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

FILED
2009 SEP 30 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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