

PD9 DDD092678

(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



600172849636

03/24/10--01009--017 \*\*35.00

FILED  
STAFF  
MAR 24 PM 2:18  
TALAMONCE, MISSA

OD / Res  
@ 3/24/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Su Ottavo, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000092678

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

William Hepsoe  
(Name of Person)

Su Ottavo, Inc.  
(Name of Firm/Company)

130 Tessier Drive  
(Address)

St. Pete Beach, FL 33706  
(City/State and Zip Code)

For further information concerning this matter, please call:

John P. Fitzgerald, CPA at ( 727 ) 394-4001  
(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, Lisa Marone, hereby resign as Treasurer  
(Title)

of Su Ottavo, Inc.  
(Name of Corporation)

P09000092678, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

✓   
(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

RECEIVED  
10 MAR 24 PM 2:18  
FELIX A. GARCIA