P1000008904	
(Requestor's Name) (Address) (Address)	500173035095
(City/State/Zip/Phone #)	03/26/1001020012 **35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	IO MAR 26 PH 2: 20 SECRETARY OF STATE TAULAHASSEE FLORIDA
Office Use Only	Off lesign C.COULLIETTE MAR 29 2010 EXAMINER

COVER LETTER

Amendment Section TO: Division of Corporations

 $\frac{PICES}{(Name of Corporation)}$ SUBJECT: DOCUMENT NUMBER: 1000000 8904

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

Please return all correspondence concerning this matter to the following:

(Name of Person) Name of Firm/Company) 340 SW 154 TER (Address) MIRMI FL 33187 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (305) 219 0999 (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

AMERICAN SALES

PAGE 02/02

0 MAR 26

PH 12: 28

PLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

VAT TALERICO, hereby resign as VICE I, _____ <u>espe</u>nti (Title)

EZ SPICES TAIC. (Name of Corporation) of_

1000000 8904, a corporation organized under the laws of the State of (Document Number, if known)

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