P10000016865

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
, ,			
Certified Copies Certificates of Status			
Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



100186733751

resignation of officer

10/19/10--01026--008 **35.00

FILED
2010 OCT 19 MM:24
SECRETARY OF STATE
SECRETARY OF STATE

10/20/10

COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CT: Zuccarelli Sansbury Inc.
	(Name of Corporation)
DOCU	MENT NUMBER:
The end	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please r	eturn all correspondence concerning this matter to the following:
Raym	ond Buttacavoli
	(Name of Person)
R. But	tacavoli & Associates
	(Name of Firm/Company)
8304	17th Ave
	(Address)
Brookl	yn, NY 11214
	(City/State and Zip Code)
For furtl	ner information concerning this matter, please call:
Raymo	(Name of Person) at (718) 331-7694 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	d is a check for \$35.00 made payable to the Florida Department of State.
Division Clifton I 2661 Ex	Mailing Address: nent Section of Corporations Building ecutive Center Circle see, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

. Olimpia Zuccarelli	, hereby resign as President	
···	(Title)	
of Zuccarelli's Sansbury, In	c.	
	Orporation)	
, a	corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		

FILING FEE IS \$35.00

(Signature of resigning officer/director

Make checks payable to Florida Department of State and mail to:

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