## P1000030849

| (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



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: NOTARBARTOLO II   | NC   |
|--|--|
|  | (Name of Corporation)  |
| DOCUMENT NUMBER:   | 0030849  |
| The enclosed Officer/Director Resig  | nation for a Corporation and fee are submitted for filing  |
| Please return all correspondence con   | cerning this matter to the following:  |
| JEFF SPRECHER CPA  |  |
| (Name of Perso   | on)  |
| JEFF SPRECHER CPA P.A.   |  |
| (Name of Firm/Cor  | mpany)   |
| 1325 SE 47TH STREET UNIT O   |  |
| (Address)  |  |
| CAPE CORAL FL 33904  |  |
| (City/State and Zip  | Code)  |
| For further information concerning t   | his matter, please call:   |
| JEFF SPRECHER CPA  | at ( 239 ) 549-8882  |
| (Name of Person)   | at ( 239 ) 549-8882 (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. RAYMOND NOTARBARTOLO                             | , hereby resign as PRESIDENT                        |
|---|---|
|   | (Title)   |
| of NOTARBARTOLO INC                                 |   |
| (Name of Cor  | poration)   |
| P0000030849 , a control (Document Number, if known) | orporation organized under the laws of the State of |
| FLORIDA   |   |
| (Signatu  | re 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