

P100000031961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER


TO: Amendment Section
Division of Corporations

SUBJECT: FABBRO MARIOMARESCA, INC
(Name of Corporation)

DOCUMENT NUMBER: P10000031961

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

Please return all correspondence concerning this matter to the following:

 MARESCA LUIGI
(Name of Person)

FABBRO MARIOMARESCA, INC
(Name of Firm/Company)

2048 SW OAK RIDGE RD.
(Address)

PALM CITY FL 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIGI MARESCA at (772) 485 8153
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CRISTINA MARESCA, hereby resign as TREASURER
(Title)

of FABBROMARIO MARESCA, INC
(Name of Corporation)

P10000031961, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Cristina Maresca
(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

FILED
14 MAY -6 PM 12:10
TALLAHASSEE, FLORIDA