

P10000075810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

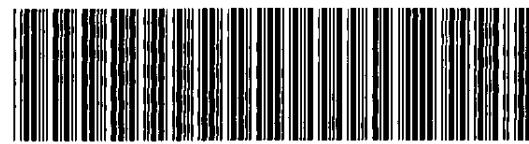
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NOV 17 2010  
SACRAMENTO, CALIFORNIA  
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TAMPA, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CUCCIDATO, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000075810

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

Please return all correspondence concerning this matter to the following:

**ALEXANDER L. DOMB**

(Name of Person)

**ALEXANDER L. DOMB, P.A.**

(Name of Firm/Company)

**4755 TECHNOLOGY WAY, SUITE 205**

(Address)

**BOCA RATON, FLORIDA 33431**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ALEXANDER DOMB** at (561) 347-6000  
(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

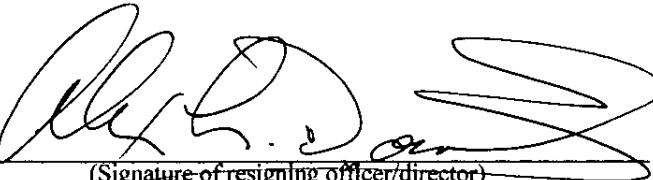
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ALEXANDER L. DOMB, hereby resign as DIRECTOR  
(Title)

of CUCCIDATO, INC.,  
(Name of Corporation)

P10000075810, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

2019 NOV 17 AM 10:29  
RECEIVED  
TALLAHASSEE, FLORIDA  
FILED  
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**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