## P11000010208

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olly/Otate/Zip/i Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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off. Resign.

Manual 3-1-11

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Thomayd, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P11000010208	
The enclosed Officer/Director Resignation for a Corporation and fee are sub-	omitted for filing
Please return all correspondence concerning this matter to the following:	
Thomas Aydelott	
(Name of Person)	
Thomayd, Inc.	
(Name of Firm/Company)	
1443 S. Belcher Rd	
(Address)	
Clearwater, FL 33764	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Thomas Aydelott at ( 727 ) 542-7894  (Name of Person) (Area Code & Daytime Tele	
(Name of Person) (Area Code & Daytime Tele	phone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of S	tate.
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, Louis Mazizilli	, hereby resign as VICE PRESTVENT, VIREUM (Title)
of_ Thomayd, Inc.	Oleman Community of the
P11000010208 (Document Number, if known)	(Name of Corporation), a corporation organized under the laws of the State of
Florida	•
	ZALLAH.
	SER PS III
	(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