

P11 0000 306 29

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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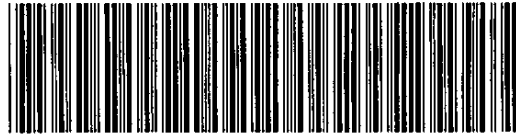
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 25 2015  
C. CARROTHERS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michael J. Riveccio, PA.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000030679

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

Please return all correspondence concerning this matter to the following:

Michael J. Riveccio

(Name of Person)

Michael J. Riveccio, PA.

(Name of Firm/Company)

6671 W. Indiantown Rd. 56-114

(Address)

Jupiter, FL. 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Riveccio

(Name of Person)

at ( 561 ) 262-6170

(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

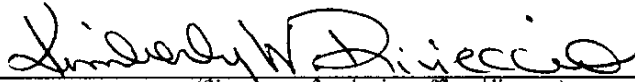
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Kimberly W. Riveccio, hereby resign as Vice President  
(Title)

of Michael J. Riveccio, PA.  
(Name of Corporation)

P11000030679, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 AUG 24 AM 10:46

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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