211000083033

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700285540807

05/10/16--01018--029 **35.00

MAY 1 2 2016 C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. ITALIAN KITCHEN AND BATH INC

(Name of Corporation)

DOCUMENT NUMBER: P11000083033

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

Please return all correspondence concerning this matter to the following:

ALEXANDROS XAKOUSTIS

(Name of Person)

ITALIAN KITCHEN AND BATH INC

(Name of Firm/Company)

2900 NW 77TH COURT

(Address)

DORAL, FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDROS XAKOUSTIS ", 305 🔍

(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

, RICARDO CAJIGAS	, hereby resign as PRESIDENT	
of ITALIAN KITCHEN	AND BATH, INC	
(Name o	f Corporation)	
P11000083033	_, a corporation organized under the laws of the State of	
(Document Number, if known)		
(Si	gnature of resigning officer/director) ALL SECRETARY OF	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314