

P13000016206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

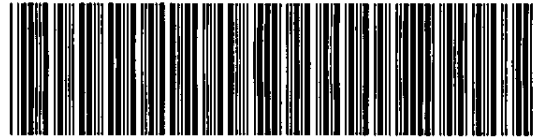
(Business Entity Name)

(Document Number)

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9/23/14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **RESIGNATION OF OFFICER**
(Name of Corporation)

DOCUMENT NUMBER: **P13000016206**

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

Please return all correspondence concerning this matter to the following:

EGIDIO SPAGNOLO

(Name of Person)

CIGAR CITY VENTURES OF TAMPA BAY INC

(Name of Firm/Company)

3405 W TAMPA BAY BLVD APT. A

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

EGIDIO SPAGNOLO at **(727) 2243323**

(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

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TALLAHASSEE, FLORIDA

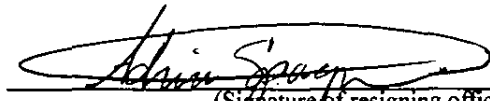
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ADRIAN SPAGNOLO, hereby resign as MANAGER
(Title)

of CIGAR CITY VENTURES OF TAMPA BAY INC,
(Name of Corporation)

P13000016206, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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