

P130000041521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

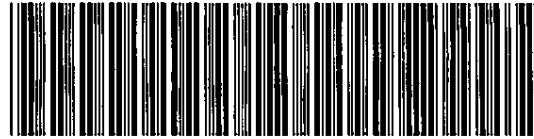
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263343420

09/26/14--01011--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 26 PM 2:00

OD/RES
10 10.3.14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PIZZA PAZZA, INC
(Name of Corporation)

DOCUMENT NUMBER: P13000041521

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

Please return all correspondence concerning this matter to the following:

MARTIN H. ALMAN

(Name of Person)

ALMAN ACCOUNTING & TAX SERVICE

(Name of Firm/Company)

17290 N.E. 19TH AVENUE

(Address)

NORTH MIAMI BEACH, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN H. ALMAN

(Name of Person)

at (305) 984-5353

(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

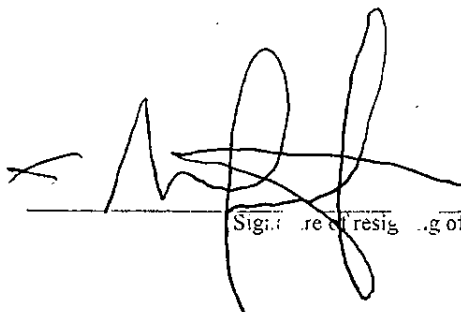
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CLAUDIO FORGIONE, hereby resign as DIRECTOR
(Title)

of PIZZA PAZZA INC.
(Name of Corporation)

P13000041521, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 26 PM 2:00