

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Cópies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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JUN 22 2016

R. WHITE

TRANSMITTAL LETTER

SUBJECT: Bruces of Great Neck Znc (Name of Corporation)			
DOCUMENT NUMBER: 9 13000068 155			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
Bruce Zipas (Name of Person)			
Bruces of Great Neck Inc (Name of Firm/Company)			
19575 S State Rd 7 F 7-BA (Address)			
Boca Rates FC 33493 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (516) 423-3678 (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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Bruce tipe	, hereby resign as_	President	
, <u>—</u> ———			(Title)	
of	Bruces	(Name of Corporation)	Inc.	
0		(Name of Corporation)		
	3600068155 Document Number, if known	a corporation organized uno	der the laws of the State of	
	Horida			
(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

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