

P15000014307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

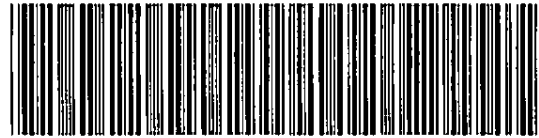
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305081693

10/30/17--01012--027 4485.00

FILED

2017 OCT 30 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD/RES

OCT 31 2017

I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADELFA GROUP INC

(Name of Corporation)

DOCUMENT NUMBER: P15000014367

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

Please return all correspondence concerning this matter to the following:

MARIE MANGOUTA

(Name of Person)

ADELFA GROUP DBA YOUR GREEK COUSIN

(Name of Firm/Company)

2060 PALM BEACH LAKES BLVD

(Address)

WEST PALM BEACH, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA CHRISTODOULOU 561 906-2130

(Name of Person) at (_____) (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**

MARIE MANGOUTA Vice President
I, _____, hereby resign as _____
(Title)

ADELFA GROUP INC
of _____
(Name of Corporation)

P15000014367
_____, 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
2017 OCT 30 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA