

P15000058870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

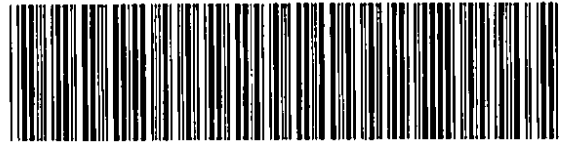
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2018

T. L. S. 11:49

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TRANSMITTAL LETTER

8/5/10

TO: Amendment Section
Division of Corporations

TRIVENETI INC

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P15000058870

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

Please return all correspondence concerning this matter to the following:

GIULIANO GRISI

(Name of Person)

(Name of Firm/Company)

10955 Lost Lake Drive 117

(Address)

Giuliano Grisi

(City/State and Zip Code)

For further information concerning this matter, please call:

Giuliano Grisi 917 7678767

(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**

I, Giuliano Grisi, hereby resign as VP
(Title)

Triveneti Inc
of _____
(Name of Corporation)

P15000058870

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

8/5/2018

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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