P16000012805

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

Division of Corporations ILTIMATE BAKERY & PASTRY INC (Name of Corporation) .P16000012805 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: K. BRIAN PYBUS CPA (Name of Person) PYBUS & COMPANY, P.A. (Name of Firm/Company) 824 US HWY 1, SUITE 110 (Address) NORTH PALM BEACH, FL 33408 (City/State and Zip Code) For further information concerning this matter, please call: **BRIAN PYBUS**

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

(Name of Person)

TO:

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LOLA TOROCSIK	, hereby resign as SECRETARY	
of ULTIMATE BAKERY		
(Document Number, if known)	corporation organized under the laws of the State of	
FLORIDA		
	a Toyouik ure of resigning officer/director)	
FILIN	IC 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