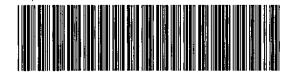
P16000027296

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. CAPRICCIO RESTAURANT & PIZZA INC.

(Name of Corporation)

DOCUMENT NUMBER: P16000027296

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

Please return all correspondence concerning this matter to the following:

ANTONINO MACALUSO

(Name of Person)

CAPRICCIO RESTAURANT & PIZZA INC.

(Name of Firm/Company)

10316 N ROOSEVELT BLVD

(Address)

ST PETERSBURG, FL 33716

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONINO MACALUSO ... 347 \ 215-4239

(Name of Person)

(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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JOE DI BARTOLO	DIRECTOR/SECRETARY
	(Title)
of CAPRICCIO RESTA	URANT & PIZZA INC.
(Name of	Corporation)
P16000027296 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	
•	
(Sig	nature of resigning officer/difector)

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