

P16 000040233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

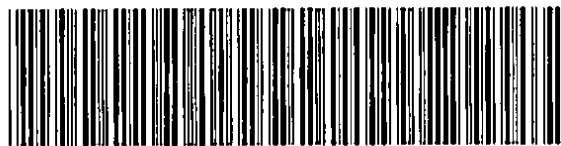
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800332770498

08/05/19--01023--007 \*\*35.00

FILED

2019 AUG -5 P 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
AUG 13 2019

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OWNERS DISTRIBUTORS INC  
(Name of Corporation)

DOCUMENT NUMBER: P16000040233

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

Please return all correspondence concerning this matter to the following:

WALTER ANON, ESQ.  
(Name of Person)

THE ANON LAW FIRM, P. A.  
(Name of Firm/Company)

7975 NW 155 STREET, SUITE A  
(Address)

MIAMI LAKES, FL 33016  
(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER ANON, ESQ. at ( 305 ) 821-5418  
(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

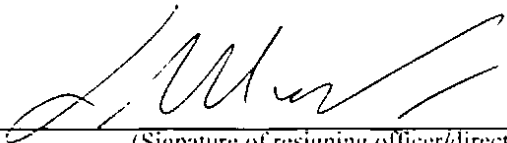
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LUCA MANTOVANI, hereby resign as PRESIDENT  
(Title)

of OWNERS DISTRIBUTORS INC  
(Name of Corporation)

P16000040233, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
**200 AUG - 5 PM 11 58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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