

P20000034877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Pieces Plus Corp

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: **P20000034877** _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Joseph Zoccali

(Name of Person)

Pieces Plus Corp

(Name of Firm/Company)

3432 State Rd. 580 Lot 450

(Address)

Safety Harbor, FL 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Zoccali

_____ at (**727**) **488-6208**
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Joseph Zoccali, hereby resign as Treasurer
(Title)

of Pieces Plus Corp
(Name of Corporation)

P20000034877, a corporation organized under the laws of the State of
(Document Number, if known)



(Signature of resigning officer/director)

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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