Requester's Name 407 Lincoln Road, # Address Mian; Beach, Flace City/State/Zip Phone	33/39 \$26 02 JUL 08 PM 4: 21 TALLAHASSEE, FLORIDA
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):
1. (Corporation Name)	(Document #) 5000062540553 -07/08/0201075023
2. (Corporation Name) 3.	(Document #) ******35.00 ******35.00
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials (C)



OFFICER / DIRECTOR RESIGNATION

Ι,	Angelo	P122UT0	, hereby res	ign as PRESIO (Title)	<u>ENT, DIRECT</u> AR, TREASU	Secretaly rer
		NORMANDY (Name of Corp				
		(Name of Corp	oration)			_,
а согр	ocration organiz	ed under the laws of the	State of	LORIDA	<u> </u>	
and af	firm that the co	rporation has been notif	ied in writing of t	he resignation.		
		1		,		

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314