# P960000078514

(Requestor's Name)	100
(Address)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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03/17/08--01022--007 \*\*35.00



BR 3/19/08

## **COVER LETTER**

SUBJECT: SANTI PLAZA, INC.				
(Name of Corporation)				
DOCUMENT NUMBER: P96000078514				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DOUGLAS SANTI				
(Name of Person)				
SANTI PLAZA, INC.				
(Name of Firm/Company)				
1601 N. Palm Avenue, # 308				
(Address)				
Pembroke Pines, FI 33026				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Douglas Santi at (954) 885-0885 (office klaw)  (Name of Person) (Area Code & Daytime Telephone Number)				

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

# FILED

# **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

2008 MAR 17 AM 9: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Elaine Patterson	hereby resign as	Vice-President and Director	
,	, nereby resign as_	(Title)	
of SANTI PLAZA, INC.		1	
	ame of Corporation)		
P96000078514	, a corporation organized un	ider the laws of the State of	
(Document Number, if known)	•		
Florida			
4	/ autate	M 2/08/08	
•	(Signature of resigning officer/direct	etor)	

### 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