

P97000030602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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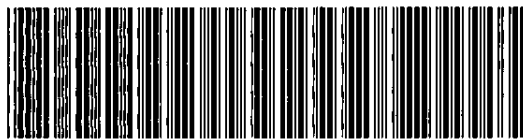
(Business Entity Name)

(Document Number)

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11 NOV -7 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 11-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Joe D'Orazio Inc.
(Name of Corporation)

DOCUMENT NUMBER: P97000030602

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

Please return all correspondence concerning this matter to the following:

Vincent LaGrasta

(Name of Person)

Joe D'Orazio Inc.

(Name of Firm/Company)

784 104 th ave n

(Address)

Naples, Florida 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Vincent LaGrasta

(Name of Person)

at (239) 216-2690

(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

Mailing Address:

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

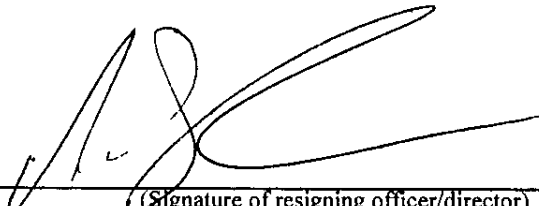
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
11 NOV -7 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Vincent LaGrasta, hereby resign as MGR
(Title)

of Joe D'Orazio Inc.
(Name of Corporation)

P97000030602, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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