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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

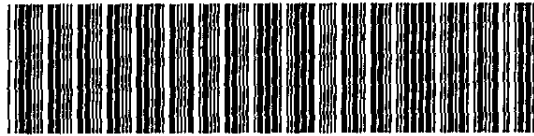
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GOVERNMENT OF FLORIDA  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Italia Floors and Surfaces, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Bonnie Nielsen  
\_\_\_\_\_  
(Name of Person)

Italia Floors & Surfaces, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

7356 Coldstream Drive  
\_\_\_\_\_  
(Address)

Miami, FL 33015  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Nielsen at ( 305 ) 829-3530  
\_\_\_\_\_  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Rosalia Colla, hereby resign as Director  
(Title)

of Italia Floors & Surfaces, Inc.  
(Name of Corporation)

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

Rosalie Colla  
(Signature of resigning officer/director)

FILED  
05 SEP 12 AM 10:00  
DIVISION 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