## PSPP2007P9

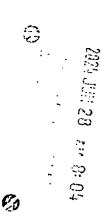
(	Requestor's Name)
(.	Address)
(.	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



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08/28/24--01013--011 \*\*35.00

7/23/24 R. Lefeavers



(

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: EUROCOMPONENTS, INC.  (Name of Corporation)		
DOCUMENT NUMBER: P97000094929		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DINA DA MADICE (Name of Person)		
EUROCOMPONENTS, INC. (Name of Firm/Company)		
1 FESTIVA AT LIONSPAW (Address)		
DAYTONA BEACH, FL 32124 (City/State and Zip Code)		
For further information concerning this matter, please call:		
LORENZO DA MADICE at (386) 868 - 0696 (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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Mailing Address:

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. DINA DA MAGICE hereby resign as VICE PI	RESIDENT (Title)		
of EUROCOMPONENTS, INC (Name of Corporation)			
P97000094929			
FLORIDA			
Aina Da Madice			
(Signature of resigning officer/director)	- (\$) 26		
	2924 JUN 28		
FILING FEE IS \$35.00	6: Q		
Make checks payable to Florida Department of State and mail	to: · · · · · · · · · · · · · · · · · · ·		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314