

P98000045861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800321163138

11/29/18--01014--003 **35.00

FILED

2018 NOV 29 PM 12:03

DEC 05 2018

T. LEMIEUX

OD

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Papa Gino's Pizza Inc
(Name of Corporation)

DOCUMENT NUMBER: P98000045861

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

Please return all correspondence concerning this matter to the following:

Saba M Markeci

(Name of Person)

Papa Gino's Pizza Inc

(Name of Firm/Company)

43 Alafaya Woods Blvd

(Address)

Oviedo FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Saba M Markeci at (407) 491 6811
(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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Shpendi Markeci, hereby resign as V
(Title)

of Papa Gino's Pizza Inc
(Name of Corporation)

P98000045861, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Shpendi Markeci
(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

2019 NOV 29 PM 12:03

FILED