P99000059565

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Italkitchen Internat	ional, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P9	9000059565
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
Paul Rubin	
(Name of Pe	rson)
Algon Group	
(Name of Firm/C	Company)
2021 NE 209th street	
(Address	<u> </u>
Miami, FL 33179	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
Paul Rubin	at (215) 5708716 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	nde 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

I,	, hereby resign as CRO	(Title)
of Italkitchen International, li	nc.	(Title)
	Name of Corporation)	<u> </u>
P99000059565 (Document Number, if known)	, a corporation organized under the law	rs of the State of
Florida		12 APR 16 PM I
Froz	(Signature of resigning officer/director)	1/2:26

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