Florida Department of State

Division of Corporations Public Access System

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Account Name : ADAM R. SCHIFFMAN, P.A.

Account Number : I20000000100

Phone

(305)682-1328

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ANTONIOS VOULGARIS CORPORATION

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9/20/2007

COVER LETTER

TO:	Amendment Section	
	Division of Corporations	

SUBJECT: ANTONIOS VOULGARIS CORPORATION
(Name of Corporation)
DOCUMENT NUMBER: P99000094318
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADAM R. SCHIFFMAN, ESQUIRE
(Name of Person)
ADAM R. SCHIFFMAN, P.A.
(Name of Firm/Company)
2999 N.E. 191 Street, Suite 900
(Address)
Aventura, Florida 33180
(City/State and Zip Code)
For further information concerning this matter, please call:
Adam R. Schiffman, Esquire at (305) 682-1328 (Name of Person) (Area Code & Daytime Telephone Number)
(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 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

hereby resign as DIRECTOR	
(Title)	
RATION	
rporation)	
corporation organized under the laws of the State of	
וכ	

(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 O7 SEP 20 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORID