

**N06000010196**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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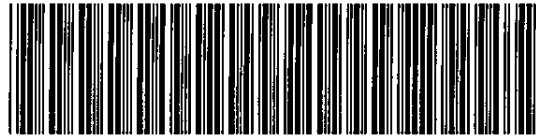
(Business Entity Name)

(Document Number)

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*C.C.*

07 APR 12 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*R.A. Resegi*

G. Coulette APR 12 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BRANDOLINI FOUNDATION  
(Name of Corporation)

**DOCUMENT NUMBER:** N 06000010196

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

WILLIAM A. DAVIS  
(Name of Person)

BRANDOLINI FOUNDATION INCORPORATED  
(Name of Firm/Company)

953 TOWN HALL AVE  
(Address)

JUPITER, FLA. 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM A. DAVIS at ( 561 ) 339-6745  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2007

WILLIAM DAVIS  
BRANDOLINI FOUNDATION INC.  
953 TOWN HALL AVE  
JUPITER, FL 33458

SUBJECT: BRANDOLINI FOUNDATION INC.  
Ref. Number: N06000010196

We have received your document for BRANDOLINI FOUNDATION INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

I am enclosing the correct form for you to complete to resign as registered agent. Please submit this form with a copy of this letter and remaining fees which are due and I will complete your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 007A00021119

RECEIVED  
07 APR 12 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BRANDOLINI FOUNDATION INCORPORATED  
(Name of Corporation)

**DOCUMENT NUMBER:** NC6000010196

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

WILLIAM ANDREW DAVIS  
(Name of Person)

BRANDOLINI FOUNDATION INC.  
(Name of Firm/Company)

953 TOWN HALL AVE.  
(Address)

JUPITER, FLORIDA 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM A. DAVIS at ( 561 ) 339-6745  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, WILLIAM A. DAVIS  
(Name of Registered Agent)

hereby resigns as Registered Agent for BRANDOLINI FOUNDATION INCORPORATED  
(Name of Corporation)

NO6000010196  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

WILLIAM A. DAVIS  
(Typed or Printed Name)

REGISTERED AGENT  
(Capacity)

APPROVED  
AND  
FILED  
07 APR 12 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314