

PO4000073160

(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



200051110162

04/20/05--01028--003 **35.00

FILED
05 APR 20 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Schenk Properties, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P04000073160

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

Michael A. Schenk

(Name of Person)

Schenk Properties, Inc.

(Name of Firm/Company)

111 Santa Cruz Avenue

(Address)

Royal Palm Beach, FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Schenk at (561) 791-9551

(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

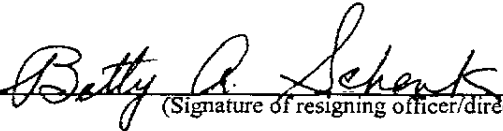
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Betty A. Schenk, hereby resign as Director (Title)

of Schenk Properties, Inc. (Name of Corporation)

P04000073160, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

05 APR 20 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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