1000/05/

(Requestor's Name)	
(Address)	2002094154
(Address)	200200 - 10-
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07/07/110100701
(Document Number)	
Certified Copies Certificates of Status	LLAHAS
Special Instructions to Filing Officer:	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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Office Use Only



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7 **35.00

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MY CAPITAL ACC	(Name of Corporation)
DOCUMENT NUMBER: P10	0000040510
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
ANTHONY CHAO	
(Name of Pe	rson)
MY CAPITAL ACCESS CORF	PORATION
(Name of Firm/C	Company)
9190 BISCAYNE BLVD, SUIT	E 201
(Address)
MIAMI SHORES, FL 33138	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
ANTHONY CHAO	at (954) 868-2426 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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

MICHELLE MAYORGA	hereby resign as VP, S	3 & T
,	<u></u>	(Title)
of MY CAPITAL ACCESS CORPORATION (Name of Corporation)	,
P10000040510 a corpora	tion organized under the	laws of the State of
(Document Number, if known)	non organizou unuer me	
FLORIDA		
(Signature of re	Signing officer/director)	ZIN JUL -7 AH 9: 1 TALLAHASSEE FLORE

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