(Address) (Address)	200018010242
(City/State/Zip/Phone #)	05./08/0301034003 **35.00
(Business Entity Name) (Document Number)	TAL O
tified Copies Certificates of Status	<b>MAY -8 PH 5:</b> SECRETMRY OF 5 ALLLAHASSEE. FL
	OF STATE E.FLORIDA
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

TCHELL MOTORS, INC. (Name of Corporation) SUBJECT: 627905 **DOCUMENT NUMBER:** 

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person) Motors, Mc. ne of Firm/Company) TCHELL Address) 32505 NSACOLA

(City/State and Zip Code)

For further information concerning this matter, please call:

<u>850 ) 476 -6002</u> (Area Code & Daytime Telephone Number) DR. TCHELL at (\_ Name of Person)

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, JOHN M. GOLDEN REASURER \_ hereby resign as\_ ECRETA

of MITCHELL Corporation)

FLORIDA

L

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

-6-2003 5 gnature of resigning officer/director)

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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