

644339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

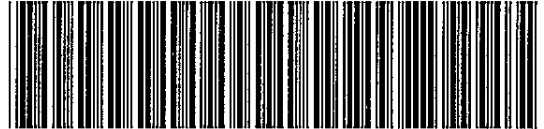
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900062246479

12/21/05 -01019--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 21 PM 2:26

O/D Resign.

1/4/06

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIKE FLURY & SON'S INC.
(Name of Corporation)

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:

MIKE FLURY
(Name of Person)

MIKE FLURY & SON'S INC
(Name of Firm/Company)

1923 W. Pensacola ST
(Address)

TLH., FL. 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE FLURY at (850) 545-3751
(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**

I, DAVID FLURY, hereby resign as Secretary
(Title)

of MIKE FLURY AND SONS, INC.
(Name of Corporation)

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


(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 21 PM 2:26