X58794

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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07 MAY 22 AM IO: 03
SECRETARY OF STATE
ALLAHASSEE, FLORIDA





COVER LETTER

SUBJECT: Mirabella, Smith & McKinnon, INC. (Name of Corporation) DOCUMENT NUMBER: K 58794			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	—— filine	î r	
Please return all correspondence concerning this matter to the following:	111111	5 •	
Pam Mckinnon (Name of Person)			
Mirabella, Smith & McKinnon, Inc. (Name of Firm/Company)	, m. *	0.	
521 M. Adams Street (Address)	ISION OF	07 HAY 22 AH 8: 00	RECE
Tallahassee FL 32301 (City/State and Zip Code)	CORPORA	AH 8:	RECEIVED
For further information concerning this matter, please call:	1011	00	Ī
Pam Mc Kinnon at (850) 222-1877 (Name of Person) at (850) 222-1877 (Area Code & Daytime Telephone Num	iber)		

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Winn F. Peeples	, hereby resign as_	Vice Pres (Title)	ident
of Mirabella, Smith & Y	NcKinnon, Incorporation)		,
K 5 8 7 9 4 , a (Document Number, if known)	corporation organized und	der the laws of the Sta	ate of
Florida.			
(Signa	ture of resigning officer/direct	or)	OT MAY 22 MM 10: 03 SECRETARY OF STATE

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