

1104000006621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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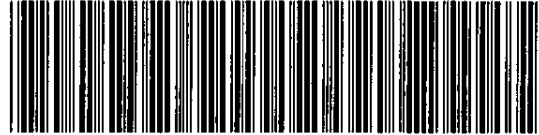
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
CORPORATE SERVICES  
DIVISION

2008 NOV 17 PM 3:29

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Handwritten signature

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mercy Air Relief, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N 04000006621

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

Please return all correspondence concerning this matter to the following:

Roland Silen  
(Name of Person)

n/a  
(Name of Firm/Company)

3206 S. Hopkins Ave., # 39  
(Address)

Titusville, FL 32780  
(City/State and Zip Code)

For further information concerning this matter, please call:

Roland Silen at ( 321 ) 267 5060  
(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, Roland Sileo, hereby resign as ✓  
(Title)

of Mercy Air Relief, Inc.  
(Name of Corporation)

# NO400000 6621, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Roland Sileo  
(Signature of resigning officer/director)

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NOV 17 PM 3:29  
SECRETARY OF STATE  
FLORIDA

**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

*[Handwritten mark]*