P62000019912

(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



600134643956

resignation

08/25/08--01006--023 **35.00

SECRETARY OF STA

8/28/

COVER LETTER

SUBJECT: Michael and Michaelle Inc
SUBJECT: Michael and Michaele Inc (Name of Corporation) DOCUMENT NUMBER: POLODO 69917
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Poul Killisenly (Name of Person)
(Name of Firm/Company)
2525 E Like 1d (Address)
Pelm Herby 1 34685 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul Killisaniy at (727) 642 9623 (Area Code & Daytime Telephone Number)

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

CR2E044(08/05)

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

TO:

Amendment Section Division of Corporations

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2008 AUG 25 PM 4: 22

SECRETARY OF STATE TALLAHASSEE, FLORID!

I, 600 RIEL- AS AN, hereby resign as VP
(Title)
of Michael and Michelle, Inc. (Name of Corporation)
Pozopo 69912, a corporation organized under the laws of the State of (Document Number, if known)
Frida.
(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