

P03000008437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

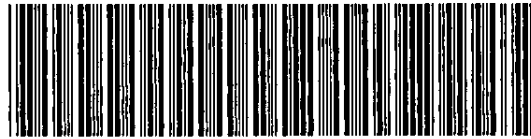
(Business Entity Name)

(Document Number)

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FILED  
12 MAY 24 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Off Resign*

MAY 19 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fricken Works, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000008437  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Bob Makowski  
\_\_\_\_\_  
(Name of Person)

Fricken Works, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

11209 Spring Street  
\_\_\_\_\_  
(Address)

Largo, FL 33774  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff King at ( 727 ) 643.4059  
(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**

**FILED**  
12 MAY 24 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, Bob Makowski, hereby resign as Treasurer / Director  
(Title)

of Fricken Works, Inc  
(Name of Corporation)

P03000008437, 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