

-

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
10, 11, 6,07



11/05/07--01018--009 **35.00

FILED STATENS

. *ej*.

COVER LETTER

TO: Amendment Section Division of Corporations

COMPRESSOR SERVICE INC. (Name of Corporation) SUBJECT: P0300000 9945 **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:

AS OF NOV 2 2007 MIDNIGHT GARY P. MCMICKLe (Name of Person) BEG COMPRESSOR SERVICE INC., (Name of Firm/Company) 5568 DEER TRACKS CT. (Address) LAKELAND, FL. 33811 (City/State and Zip Code) For further information concerning this matter, please call:

<u>GARY P. MCMICKIE</u> (Name of Person) at (<u>\$63</u>) <u>698</u> 9444 (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 <u>Mailing Address</u>: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	GARY F	P. MCMICKLE	, hereby resign a	AS
-	•			(Title)
of	BŧG	COMPRESSOR	SERVICE	INC
_		(Name of Corr	poration)	
PC	300000	,ac	proprotion organized	under the laws of the State of
	(Document N	umber, if known)		
;	FLORIDA	AS OF NO	V 2 2007	MIDNIGHT.

le

(Signature of resigning officer/director)

FILING FEE 1S \$35.00

DIVISION -5 PH 1: 31

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314