P03000085657

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SEURETARY OF STATE
ALLAHASSEE, FLORIDA

Officer Resign Crin Murphy 12/26/07

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Mockingbird Productions Inc. AKA Mockingbird Cafe (Name of Corporation)
DOCUMENT NUMBER: PO 30000 85657
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
805 NE 15t St. (Address)
Havana, FL 32333 (City/State and Zip Code)
For further information concerning this matter, please call:
Joan Lauther at (850) 539-8424 (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

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

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