## P03000146559

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	·····
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALL AHARSTE FLORID

· Cland Rosignation

Office Use Only

## TRANSMITTAL LETTER

SUBJECT: Mike Schicker Aluminum, Inc.
DOCUMENT NUMBER: P03000146559
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Daniel Trott (Name of Person)
Mike Schicker Aluminum, Inc. (Name of Firm/Company)
P.O. Box 56 (Address)
Crystal Piver Florida 34428 (City/State and Zip Code)
For further information concerning this matter, please call:
Mike Schicker at (352) 212-2619 (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
409 E. Gaines Street
Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Daniel Trott hereby resign as Vise Pre	sident Title)
of Mike Schicker Aluminum, Inc. (Name of Corporation)	,
P03000146559 a corporation organized under the laws of the (Document Number, if known)	he State of
Florida	
(Signature of resigning officer/director)	FILED  04 FEB -2 PH 2: 26  SECRETARY OF STATE TALLAHASSEE, FLORID

## 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