## PD40000000378

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	ertified Copies Certificates of Status			
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: - Amendment Section Division of Corporations				
SUBJECT: MI BUILDERS, INC.				
(Name of Corporation)				
DOCUMENT NUMBER: P04000066378				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MICHAEL MANISCALCO				
(Name of Person)				
(Name of Firm/Company)				
509 OAKCREST STREET				
(Address)				
ALTAMONTE SPRINGS, FL. 32714				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
DOUGLAS MANISCALCO, CPA at ( 407 ) 833-0844				
DOUGLAS MANISCALCO, CPA  (Name of Person)  at (407) 833-0844  (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

I, M	ICHAEL MANISCALCO	, hereby resign as_	VICE PRESIDENT	
			(Title)	
of N	/II BUILDERS, INC.			
	(Name of C	Name of Corporation)		
P04000066378, a corpor		corporation organized un	ration organized under the laws of the State of	
	(Document Number, if known)			
FLOI	RIDA			

Muchal Includes
(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