PO4000104975

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	 	
(Cit	y/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)	 	
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		ļ	

Office Use Only



000235547100

06/01/12--01004--009 **35.00

2012 JUN - 1 P 12: 35

- FD - 1 P p; 35



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. MARK KELLY INC.			
SUBJECT: (Name of Corporation)			
DOCUMENT NUMBER: P04000104975			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
MARK A KELLY SR.			
(Name of Person)			
MARK KELLY INC.			
(Name of Firm/Company)			
11201 FISHER OLD MILL RD.			
(Address)			
MILTON, FL 32583			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
MARK A KELLY SR. at (850) 777-9011			
MARK A KELLY SR. at (850) 777-9011 (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

I, TRAVIS L. HEADEN	, hereby resign as DIRECTOR	
- 7 <u>, , , , , , , , , , , , , , , , , , </u>		(Title)
of_ MARK KELLY INC.		,
(Name of	Corporation)	
P04000104975 (Document Number, if known)	a corporation organized under the l	aws of the State of
FLORIDA		
The Many	hatylre of fesigning officer/director)	ZOIZ JUN SECRET/ TALLAHA
ė√ F II	LING FEE IS \$35.00	ILED BETARY OF STA

Amendment Section
Division of Corporations
P.O. Box 6327

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

Tallahassee, Florida 32314