P04000145987

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



800052272048

04/29/05--01006--001 *+35.00

D5 APR 29 PM 1: 38

Office Use Only

Officer Resignation

T BROWN MAY - 6 2005

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: MARKU'S FAMILY INC (Name of Corporation) DOCUMENT NUMBER: P0400014 5987
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
LIRI MARLU (Name of Person)
MARKU'S FAMILY INC (Name of Firm/Company)
1712 MISSOVRI AVR
LARGO FC 33770 (City/State and Zip Code)
For further information concerning this matter, please call:
UR MARKU at (727) 584-8030 (Name of Person) (Area Code & Daytime Telephone Number)
(Mea Code & Daytille Telepholie Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO: Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION OFFICER / DIRECTOR RESIGNATION OFFICER / D	38
I, Alfons Marku, hereby resign as Drector Presign	loent
of MARKU'S FAMILY THE. (Name of Corporation)	
(Document Number, if known), a corporation organized under the laws of the State of	
FOLIDA.	

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