P05000028996

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





000136467080

10/03/08--01048--015 **35.00

officer Resignation
TB 10/10/08

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Custom Chopper	Werks, Inc.	
	(Name of Corpora	ation)
DOCUMENT NUMBER:PO	15000028996	
The enclosed Officer/Director Res	•	_
Please return all correspondence of	concerning this matter to th	e following:
Robert Rowe, Vice Pres./ Se		
(Name of Po	erson)	
Custom ChopperWerks, Inc.		
(Name of Firm/C	Company)	
5629 Whispering Willow Way		
(Address	s)	
Ft. Myers, Florida 33908		-
(City/State and 2	Zip Code)	
For further information concerning	g this matter, please call:	
Robert Rowe	at (941)	539-5376
(Name of Person)	(Area Code	539-5376 & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade payable to the Florida I	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 Corporation Post Office Box 6327 Tallahassec, FL 32314	os

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION ALLANGS RESIGNATION A

Nancy L. Loucareas	, hereby resign as Vice- President
	(Title)
Custom ChopperWerks, In	. effective September 26, 2008
(I	me of Corporation)
P05000028996 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

Signed: Mancy L. Loucareas:

(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