# 125000049575

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



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resignation

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### **COVER LETTER**

Division of Corporations Michelangelo's Catering & Event Planning, Inc. (Name of Corporation) PO5000049575 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Timothy L. Durocher (Name of Person) Killgore, Pearlman, Stamp, Ornstein, & Squires, P.A. (Name of Firm/Company) 2 South Orange Avenue, 5th Floor (Address) Orlando, FL 32801 (City/State and Zip Code) For further information concerning this matter, please call: Timothy L. Durocher 407 425-1020 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section

Post Office Box 6327 Tallahassee, FL 32314

Division of Corporations

CR2E044(08/05)

Street Address:

Clifton Building

Amendment Section
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

## FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2007 FEB 12 PM 12: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, Bruce Maloney	hereby resign a				
of Michelangelo's Catering	& Event Planning, Inc. (Name of Corporation)	<del></del>	· · · · · · · · · · · · · · · · · · ·	**************************************	<u> </u>
PO5000049575 (Document Number, if known)	, a corporation organized	under the laws	of the Star	te of	* s, p +
Florida	The second secon	tju ist		\$ · · · -	+ et .

(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