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



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SECRETARY OF STATE
AND ANASSEF, FLORID

0/D Resign. 07-26-07 DC

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: MCChantslor Inc (Name of Corporation) DOCUMENT NUMBER: POSOO 145 120 |
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| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| James Cellecz (Name of Person) |
| (Name of Firm/Company) |
| 1764 Banyan Dr. |
| Venice FL 34993 (dity/State and Zip Code) (Name of Firm/Company) (Address) 34293 |
| For further information concerning this matter, please call: |
| James Cellecz at (941) 706-6817 (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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| i, James | Cellecz, hereby res | ign as Vice | President (Title) |
|----------------|---------------------------------|--------------------|-------------------|
| of Merch | Marne of Corporation) | 16, | , |
| | 5 2 0, a corporation organi | zed under the laws | of the State of |
| <u>Florida</u> | · | | |
| | (Signature of resigning) office | er/director) | |
| | | | 07 JUL 20 I |
| | FILING FEE IS \$35.0 | 0 | PM I:51 |

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314