P05000/5/1/

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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resignation
To de preer

10/14

TRANSMITTAL LETTER

SURJECT Mike Herman Welding Inc.
SUBJECT: Mike Herman Welding Inc. (Name of Corporation) DOCUMENT NUMBER: PO 500015111
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael Samuel Heaman Ja. (Name of Person)
Mike Heaman Welding Inc. (Name of Firm/Company)
802S S.L.126 PLACE (Address)
Belliview FL. 34420 (City/State and Zip Code)
For further information concerning this matter, please call:
Mike Herman at (352) 438-6444 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2014 JAN -6 PM 1:02

Michael Samuel He	dunda To harab	TALLAHASSEE, FLORIDA y resign as Vice Residen 7
, processor systems for	nereby	resign as Title (Title)
of Mike Herman	Welding Inc.	
_	(Name of Corporation)	
to 5000 151111		rganized under the laws of the State of
(Document Number, if known)		

(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