P05000/5767a

(Requestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations			
Mich Works, Inc.	(Name of	Comon	otion)
DOCUMENT NUMBER: P05	6000157672	Corpora	ation)
The enclosed Officer/Director Res	ignation for a Corp	oration	and fee are submitted for filing.
Please return all correspondence co	oncerning this matt	ter to th	e following:
Maria Michopoulos			
(Name of Per	rson)		
Mich Works, Inc.	,		
(Name of Firm/C	omnany)		
441 E. Mount Vernon Drivce	ompany)		
(Address))		
Plantation, FL 33325		٠	
(City/State and Z	ip Code)		
For further information concerning	g this matter, please	e call:	
Nicholas Michopoulos	9: at (54 (817-3122) e & Daytime Telephone Number)
(Name of Person)	(Ar	ea Code	& Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the F	lorida I	Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address Amendment Second Division of Corpost Office Box Tallahassee, FL	ction poration 6327	
• • • • • • • • • • • •		•	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Maria Michopoulos I.	, hereby resign as(Title)	
	(Title)	
of Mich Works, Inc.		
(Nam	ne of Corporation)	
P05000157672	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
	 -	

(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

