

P060000022869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

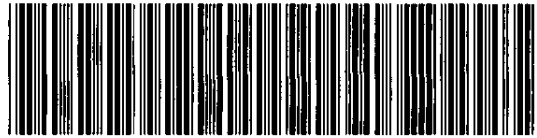
(Business Entity Name)

(Document Number)

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03/16/09--01043--001 \*\*35.00

Mr/Liu Resign

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 16 PM 3:43

T Roberts MAR 18 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Category 5 Export & Wholesale, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000022869

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crinchell, Michael  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

10585 Galleria Street  
(Address)

Wellington, FL 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Crinchelli at (954) 444-9318  
(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

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 16 PM 3:44

I, Michael Michelli, hereby resign as DPS  
(Title)

of Category 5 Export & Wholesale, Inc.  
(Name of Corporation)

FD6000002869, 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