P060000071805

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

Office Use Only



000133806700

08/01/08--01036--002 **105.00

08 AUG - 1 PM 1:59
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

of Resign

C. Coufficite AUG 0 7 2008

COVER LETTER

SUBJECT:	Nikollaj Incorporated
	(Name of Corporation)
DOCUMENT NUM	BER: P06000071805
The enclosed Officer	Director Resignation for a Corporation and fee are submitted for filin
Please return all corre	espondence concerning this matter to the following:
Pashke Niko	
Jollo	(Name of Person)
(Ne	ame of Firm/Company)
2401 Snow I	Hill Road (Address)
Oviedo, FL (Ci	32766 ity/State and Zip Code)
For further information	on concerning this matter, please call:
Pashke Nikol (Name	at (407) 365-7622 e of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for	For \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

was to a

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Nue Nikollaj	, hereby resign as <u>President</u>
		(Title)
of_	Nikollaj Incorpora	ted
	(1	Name of Corporation)
P	06000071805	, a corporation organized under the laws of the State of
	(Document Number, if known)	. 0
	Florida	

(Signature of resigning öfficer/director)

FILING FEE IS \$35.00

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

OB AUG -1 PH 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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