

PO6000118039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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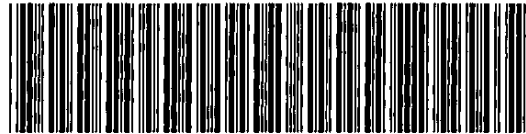
(Business Entity Name)

(Document Number)

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*Resignation
to Officer*

10/01/07--01009--026 **35.00

FILED
2007 OCT -1 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ADP
10/9/07*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MichaelAngelos, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 39-8013712895-0

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 Quintana

(Name of Person)

MichaelAngelos, Inc

(Name of Firm/Company)

7049 W.Waters Avenue

(Address)

Tampa, Florida 33634

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Quintana

(Name of Person)

at (813) 391-5399

(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

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(Name of Corporation)

(Document Number, if known)

Florida _____.

(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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