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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Mejenikks Enterp	rises, Inc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: PO	07000007156
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Alberto Silva	
(Name of P	erson)
Mejenikks Enterprises, Inc.	
(Name of Firm/	Company)
674 SW Bayshore Blvd.,	
(Addres	ss)
Port St. Lucie	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Alberto Silva	at (772) 618-5244 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

Fernando Silva	_, hereby resign as_	President		
.,	_, norcoy resign as_	(Ti	ile)	
of Mejenikks Enterprises Inc.		•		
(Name of Corporat	ion)	,		
P0700007156 , a corpo	ration organized un	der the laws of the	State of	
Florida				
Emmanas Signature of	May resigning officer/direct	tor)	2009 AUG 10 PM 3: 5: SECRETARY OF STATE TALLAHASSEE, FLORID	

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