P07000 327/3

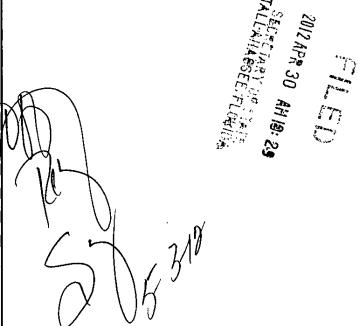
| (Requestor's Name) (Address) | 800 |
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| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | . 04 |
| (Document Number) | • |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

Chappell Commercial Properties, Inc. (Name of Corporation) P07000032713 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Monika Chappell (Name of Person) Chappell Commercial Properties, Inc. (Name of Firm/Company) 8630 Great Cove Drive (Address) Orlando, FL 32819 (City/State and Zip Code) For further information concerning this matter, please call: Monika Chappell 407) 217-3022 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Robert E. Chappell | , hereby resign as_ | Secretary | 25 | <u>ai</u> |
|--|--|----------------|-------------|-----------|
| | | | (Title) | (3) |
| of Chappell Commercial Properties, Inc | | | | |
| (Name of Corp. | oration) | | | |
| P07000032713, a co | rporation organized un | der the laws o | f the State | of |
| Florida | | | | |
| | | | | |
| Roberte C (Signatur | Lacille e of resigning officer/direct | tor) | _ | |

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