

P07000047645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

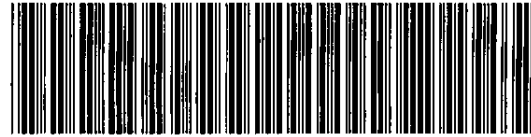
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000187749920

11/16/10--01022--016 \*\*35.00

11/16/10 10:10:15 AM  
RECEIVED  
FILING OFFICE  
11/16/10

OP 11/16/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MINNIFER INC  
(Name of Corporation)

DOCUMENT NUMBER: PO 700004 7645

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

Please return all correspondence concerning this matter to the following:

LISA KIRICH  
(Name of Person)

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

880 EREN ISLE BLVD NE  
(Address)

ST. PETERS, FL 33704  
(City/State and Zip Code)

For further information concerning this matter, please call:

TERI ANDERSON at ( 727 ) 492-0033  
(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**

I, Lisa Ulrich, hereby resign as DPT  
(Title)

of MINNIFER, INC.  
(Name of Corporation)

P07000047645, 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

NOV 16 PM 1:10  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA