## 108000045051

(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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TALLAHASSEE, FI ORIG

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Resignation of Corp	porate Officer
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P08	000045051
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	ncerning this matter to the following:
Spiro Mavromates	
(Name of Pers	son)
SunGo Power Systems Inc.	
(Name of Firm/Co	ompany)
2515 SW 35th PL #203	
(Address)	
Gainesville, FL 32608	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Spiro Stephen Mavromates	at ( 904 ) 891-1601 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le 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

MISON TO
TARASSEE S. S. 40
TATELONE ANII. 40
(Tide)

I. Spiro Stephen Mavromates	, hereby resign as Director	
-,	(Title)	<del></del>
of SUNGO POWER SYSTEMS, IN	c,	
(Name of	Corporation)	
P08000045051 (Document Number, if known)	a corporation organized under the laws of the State of	
Florida		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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