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COVER LETTER

TO:	2: Amendment Section Division of Corporations	
SUB	BJECT: New York Mechanical, Inc.	
	(Na	ame of Corporation)
DOC	CUMENT NUMBER: P08000050817	7
The	e enclosed Officer/Director Resignation for a	a Corporation and fee are submitted for filing
Pleas	ase return all correspondence concerning thi	is matter to the following:
Mic	ichael H. Lopez	
	(Name of Person)	
	(Name of Firm/Company)	
	(Name of Finite on pany)	
650	507 Winfield Blvd apt 131	
	(Address)	
Mai	argate, FL 33063	
<u></u>	(City/State and Zip Code)	
For f	further information concerning this matter,	please call:
Mich	chael Lopez	t (561) 767-7416 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	closed is a check for \$35.00 made payable to	o the Florida Department of State.
Amer Divis Clifto 2661	ision of Corporations Division of On Building Post Offic	Address: ent Section of Corporations ce Box 6327 see, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michael Lopez	, hereby resign as		
·,	,	(Title)	
of New York Mechanical, In	nc.		
(Name of Corporation)			
P08000050817 (Document Number, if known)	, a corporation organized under the la	ws of the State of	
Florida	· · · · · · · · · · · · · · · · · · ·		
	(Signature of resigning officer/phrector)	ADMOCT 21 AM 9: 16 SECRE ANY STATE MALLAHASSEE, FLORIDA	

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