P09000061325

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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resignation Do oppie

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100R 4/26/11

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: ALMIGHTY FALTY ORP

DOCUMENT NUMBER: Pagooo61325

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

Please return all correspondence concerning this matter to the following:

ROBBERT (Name of Person)

ROBBERT GAARLANDT, INC.

(Name of Firm/Company)

2698 DANIELLE DRIVE

(Address)

OVIEDO, FL 32765

For further information concerning this matter, please call:

ROBBERT GARLANDT at (407) 366-7886 (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 | L E [] FOR A CORPORATION

2011 APR 22 PM 2: 09

SECRETARY OF STATE TALLAHASSEE, FLORID/

I, ROBBERT GAARLANDT, hereby resign as DIRECTOR (Title)
of ALMIGHTY REALTY CORP. (Name of Corporation)
Dogo 6/325, 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