## P09000097259

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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TALLAHASSEE, FLORIDA TALLAHASS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BMG Cycle, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P09000097259
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Robert Mare
(Name of Person)
(Name of Firm/Company)
171 Glades Road
· (Address)
Boca Raton FL 33432
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert Mare  at (561) 271-8311  (Name of Person) (Area Code & Daytime Telephone Number)
(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

FILED

2010 OCT 15 A 11: 19

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