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TRANSMITTAL LETTER

SUBJECT: SUMMILS AR MICHAELLA INC Name of Corporation) DOCUMENT NUMBER: PIOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Di Cha Bladdy (Name of Rerson) SUNDANDA MICHORIAN (Name of Firm/Company) SUNDA Goddress) City/State and Zip Code) For further information concerning this matter, please call: TERRORM SUMMINGS at (S13) 1059-11075	(Name of Corporation)
Please return all correspondence concerning this matter to the following: Diana Blauding (Name of Person) SUNDUS AL MUNUCULATIVE (Name of Firm/Company) BOX Fralga Blossom On (Address) City/State and Zip Code) For further information concerning this matter, please call: Telonomy Sundus Muss at (BI3) 1059-11085	DOCUMENT NUMBER: P 1 00 00'd 09 15
Name of Revision) Sunnell Al McManual M (Name of Firm/Company) 308 Pralla Blossom On (Address) Little 1 335707 (City/State and Zip Code) For further information concerning this matter, please call: Terror Manual	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filling.
(Name of Firm/Company) 308 Pralla Blossom On (Address) (City/State and Zip Code) For further information concerning this matter, please call: 700000 State and St	Please return all correspondence concerning this matter to the following:
(Name of Firm/Company) 308 Pralla Blossom On (Address) (City/State and Zip Code) For further information concerning this matter, please call: 700000 State and St	Diana Blaus (Name of Reison)
(Address) (City/State and Zip Code) For further information concerning this matter, please call: TO DOM W SIMM MS at (813) 1059-11085	Sunner SAR MICHANICALING (Name of Firm/Company)
For further information concerning this matter, please call: TO DOM USUM MUS at (813) 1059-1085	308 Aralea Blossom On
JEDOMU SILVAM US at (813) 1059-11085	Diant City fr 335707 (City/State and Zip Code)
Telephone Number)	For further information concerning this matter, please call:
	Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Diana Begley, hereby resign as 1FD/Treasure	<u>1</u>
of SUMMERS ASIL MECHANECAL, INC. (Name of Corporation)	,
P11 \$\phi \phi \phi \phi \phi \phi \phi \phi	
FLORIDA.	

gnature of resigning afficer/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