

P11000043390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

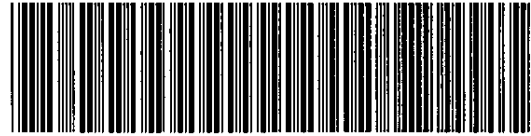
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300212585353

10/03/11--01017--015 **35.00

FILED
11 OCT -3 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Off Design
News
10-5-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mikes Place Inc
(Name of Corporation)

DOCUMENT NUMBER: P11000043390

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

Please return all correspondence concerning this matter to the following:

Bryan Arcangeli
(Name of Person)

Mikes Place Inc
(Name of Firm/Company)

100 Smoke House Ct.
(Address)

Stephens City VA 22655
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Arcangeli at (407) 416-7083
(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**

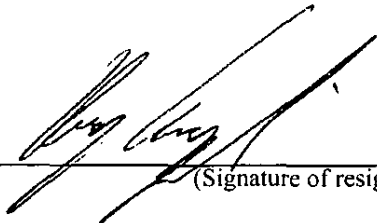
FILED
11 OCT -3 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Bryan Arcangeli, hereby resign as Director
(Title)

of Mikes Place, Inc.
(Name of Corporation)

P11000043390, 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