

P110000044549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

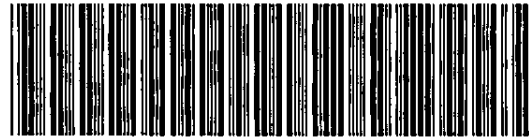
(Business Entity Name)

(Document Number)

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OCT 16 2014
T. CARTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT -9 PM 2:54

OLD Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MICHAEL KRAFT ENTERPRISES INC.

(Name of Corporation)

DOCUMENT NUMBER: P11000044549

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

Please return all correspondence concerning this matter to the following:

ERNST MICHAEL KRAFT

(Name of Person)

MICHAEL KRAFT ENT. INC.

(Name of Firm/Company)

1744 COSTA DEL SOL

(Address)

BOCA RATON, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

CARRIE KRAFT

(Name of Person)

at (561) 447-6630

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -9 PM 2:54

I, Carolyn Licht Kraft, hereby resign as Vice President
(Title)

of MICHAEL KRAFT ENTERPRSES INC
(Name of Corporation)

P11000044549, 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