

P110000656436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

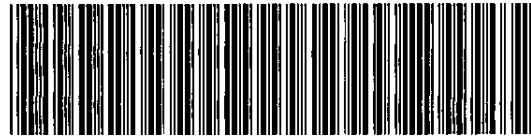
(Business Entity Name)

(Document Number)

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Handwritten signature and date 8-18-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL FELIPE, INC

(Name of Corporation)

DOCUMENT NUMBER: P11000056436

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

Please return all correspondence concerning this matter to the following:

MAIQUEL FELIPE

(Name of Person)

ALL FELIPE, INC

(Name of Firm/Company)

823 SW 13TN AVE

(Address)

CAPE CORAL FL 33991

(City/State and Zip Code)

For further information concerning this matter, please call:

MAIQUEL FELIPE

(Name of Person)

at (786) 718-6720

(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

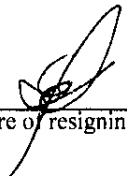
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GLEND A BERNAL, hereby resign as VICE-PRESIDENT
(Title)

of ALL FELIPE, INC
(Name of Corporation)

P11000056436, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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