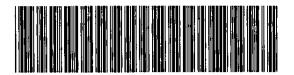
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(Re	questor's Name)						
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(Cit	y/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
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#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MECKE	N GOL	_DE	N C	ORF	٥.		
SOBSECT.		(N	ame of	Corporat	ion)	***	
DOCUMENT NUMBER:	P150000	735	64	<u>.</u>	_	 	
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The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## **DAVILSON RODRIGUES**

(Name of Person)

#### ADR ACCOUNTING SERVICES CORP

(Name of Firm/Company)

### 4699 N FEDERAL HWY SUITE 109E

(Address)

## POMPANO BEACH, FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVILSON RODRIGUES at ( 954 ) 338-4000 (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