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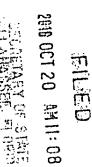
(R	equestor's Name)	
(Address)		
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
В	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Imperial MC, Inc (Name of Corporation)
DOCUMENT NUMBER: 716000076851
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos Montanez (Name of Person)
Imperial MC, Inc (Name of Firm/Company)
560 SW Blvd (Address)
Naples FL 34113 (City/State and Zip Code)
For further information concerning this matter, please call:
Carlos Montanez at (239) 692-3341 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of States
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301