

P97000025302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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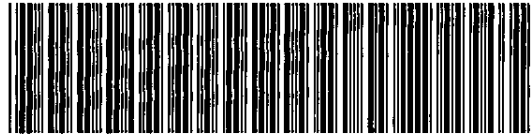
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Manuel Felipe & Associates, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000025302

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

Please return all correspondence concerning this matter to the following:

Yolanda Schaefer  
(Name of Person)

N/A  
(Name of Firm/Company)

11205 SW 134 Ter.  
(Address)

Miami, Fl. 33176  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yolanda Schaefer at (305) 297-7314  
(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**

I, Yolanda Schaefer, hereby resign as Vice-President  
(Title)

of Manuel Felipe & Associates, Inc.  
(Name of Corporation)

P97000025302, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

*Y. Schaefer*  
(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS  
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**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