

P98000069655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

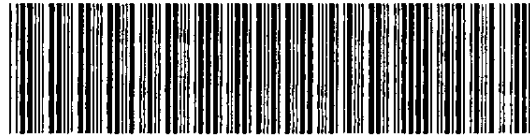
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

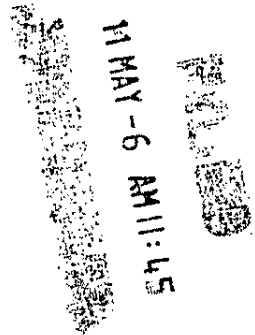
Special Instructions to Filing Officer.

Office Use Only



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05/06/11--01018--003 **35.00



O/D Resign.

05/17/11

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARGAL ENTERPRISES, INC.

DOCUMENT NUMBER:

P9800006965

The enclosed Off Dir Resign and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN L CLEM

(Name of Contact Person)

MARGAL ENTERPRISES, INC

(Firm/Company)

17525 E. APSTANA RD

(Address)

CLERMONT, FL 34715

(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN CLEM

(Name of Contact Person)

at (407) 657-7828

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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

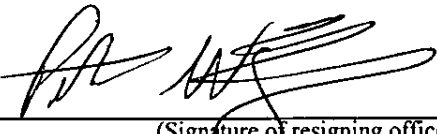
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PETER WITZENBURGER, hereby resign as DIRECTOR
(Title)

of MARGAL ENTERPRISES, Inc.
(Name of Corporation)

P98000069655, 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

11 MAY - 6 AM 11:45