P98000107357

(Requ	uestor's Name))
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
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off. Resign.

AUG 18 2009

COVER LETTER

SUBJECT: MARKELL & ASSOC	IATES REALTY, INC.
	(Name of Corporation)
DOCUMENT NUMBER: P9800	00107357
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
JAMES H COLLIER	
(Name of Perso	n)
COLLIER'S ACCOUNTING SER	VICE, INC.
(Name of Firm/Con	ipany)
5036 BLUE HERON DRIVE	
(Address)	
NEW PORT RICHEY, FL 34652	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
JAMES H COLLIER SR	at (727) 847-2200 (Area Code & Daytime Telephone Number)
(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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. WILLIAM E MARKELL	, hereby resign as PSTD	10
->	(Title)	
of_MARKELL & ASSOCIA		,
	(Name of Corporation)	
P98000107357 (Document Number, if known	a corporation organized under the laws of the State of	
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