## 99000006904

(Req	uestor's Name)		
(Add	ress)	<del>-</del>	
(Add	ress)		
(City/	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
		1	





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07/11/11--01020--007 \*\*35.00

off. Resign.
Brown 7-11-11

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: MICHELANGELO GALLERY CAFE, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P99000006904
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
PAU	L R. MULLEN
	(Name of Person)
MIC	HELANGELO GALLERY CAFE, INC
	(Name of Firm/Company)
25 N	ORTHEAST 2ND AVE
	(Address)
DEL	RAY BEACH, FL 33444
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
PAUL	MULLEN at ( 954 ) 415-5333 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Division Cliftor 2661 E	Address:  dment Section on of Corporations on Building Executive Center Circle assee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, PAUL R. MULLEN	, hereby resign as_	VICE PRESIDENT/SEC	
"	,	(Title)	
of MICHELANGELO GALLERY CAF	E, INC.		
(Name of Co	orporation)	,	
P9900006904	, a corporation organized under the laws of the State of		
(Document Number, if known)	wn)		
FLORIDA			
*			

**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