## 99000078987

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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## TRANSMITTAL LETTER

SUBJECT: MEN EWTERPIZES OF S.W. Fl.  (Name of Corporation)
DOCUMENT NUMBER: 99000 78987
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
TAILGATERS Slorts BAR + Grill (Name of Firm/Company)
211 HANCOCK Briggs Rollway
CADE CONST. A. 33990 (City/State and Zip Code)
For further information concerning this matter, please call:
Rich VICEL at (239) 995-078 (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 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Rich Po	PCEZL, here	by resign as VCE	PES(DENT
of MEN Danger	(Name offCorporation)	of Southwar	est Florida, Inc.
(Document Number	, a corporation r, if known)	organized under the laws o	of the State of
	React Signature of resigning	ng officer/director)	OS JAN 18 AM II. TALLAMISCEL POLICY

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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