P99000108143

(Requestor's Name)				
(Address)				
(Ad	ldress)			
,	•			
, (Cit	ty/State/Zip/Phone	e #)		
. PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	ne)		
·				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100163870021

01/05/10--01029--005 **157.50

off / Di Resign

10 JAN-5 AM 10: 53

* Roberts IJAN 08 2010

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: †eil nc. (Name of Corporation)				
DOCUMENT NUMBER:				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Andrea Feil (Name of Person)				
(Name of Firm/Company)				
12034 Motro Play (Address)				
Fort Myers, TL 33966 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Gerald Feel at (239) 872 1543 (Name of Person) at (239) 872 1543 (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, _	Andrea Fail	, hereby resign as	ecretary (Title)
of	Fell	NC ·	
	(Document Number, if known)	, a corporation organized under the l	aws of the State of
			10 JAN
		Keil	ASS -5
	((Signature of resigning officer/director)	AM 10: 53 EE, FLORIBA

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