(Re	equestor's Name)			
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
	· · · · · · · · · · · · · · · · · · ·
SUBJE	ECT: MHONE, CORP., a FL corp.
~ C, 202	(Name of Corporation)
DOCU	MENT NUMBER: L64096
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
N	NICOLAS J. MARTIN-HIDALGO
	(Name of Person)
M	MHONE, CORP., a FL corp.
	(Name of Firm/Company)
5	5900 S.W. 34 Street
	(Address)
IV.	Miami, FL 33155
<del></del>	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
NICOL	AS J. MARTIN-HIDALGO at (786 ) 282-0185  (Name of Person) (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.
Amend Division Clifton 2661 E	Address: Ilment Section On of Corporations On Building Executive Center Circle  Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



[.	MARIA A.	MARTIN-HIDALGO	, hereby resign as	Director	
′ –				(Title)	
of		MHONE, CORP., a	FL corp.		
		(Name of Corpora	tion)		,
	L64096	. a corp	oration organized und	ler the laws of the State of	
	(Document Nu	ımber, if known)			
	Florida				
		•			

MARIA A. MARTIN-HIDALGO

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