P95000039978

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

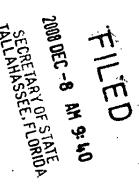
Office Use Only



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TO: Amendmen	t Section	

TO: Amendment Section Division of Corporations

SUBJECT: Montessori Made Manageable, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: P95000039978		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lisa Adarve		
(Name of Person)		
MMM, Inc.		
(Name of Firm/Company)		
1015 Avondale Avenue		
(Address)		
Cincinnati, Ohio 45229		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Lisa Adarve at (513) 861-4559 (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

FILED.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2000 DEC -8 AM 9: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, Joseph Scott	, hereby resign as Sec/Treas
· · · · · · · · · · · · · · · · · · ·	(Title)
of Montessori Made Manageable, I	nc
	Corporation)
P95000039978 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
	cold

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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