850089

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(Requestor's Name)				
(Address)				
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14 MAY 23 AM 10: 50
SECRETARY OF STATE
JALLAHASSEE, PLORIDA

APTROVILL FILED

C. LEWIS

JUN 6 2014

EXAMINER

TRANSMITTAL LETTER

SUBJECT: MUNICIPAL TESTING LABORATORY, INC. (Name of Corporation)
DOCUMENT NUMBER: 850089
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN JAYCOX (Name of Person)
MUNICIPAL TESTING LABORATORY INC. (Name of Firm/Company)
7520 NW 82 ^{h0} STreeT (Address)
Miami, Floreda 33/66 (City/State and Zip Code)
For further information concerning this matter, please call:
STEVEN TAYCOX at (877) 685-9245 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

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

APPARUVEU AND FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

14 MAY 23 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I,	John Riege	, hereby resign as	(Title)
of	MUNICIPAL TES	STING LABORATORY, 2 of Corporation)	TNC,
	850089 (Document Number, if known)	_, a corporation organized under the	e laws of the State of
	NEW YORK		
	Jam D	ignature of jegigning officer/director)	

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