(Re	equestor's Name)	-		
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e#)		
PICK-UP	☐ WAIT	MAIL		
(Ви	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only

of the abo



400023100074

09/16/03--01068--082 **35.00

TRANSMITTAL LETTER

SUBJECT: MTP Enterprises In 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: Pamala Schwier (Name of Person) MTP Enterprises, Inc.
(Name of Firm/Company) 866 South Goldenrod Rd Florida 32822 (City/State and Zip Code) For further information concerning this matter, please call: 407) 282-9306 (Area Code & Daytime Telephone Number) Tom Reeves at (407 (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO:

Amendment Section Division of Corporations

> Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

[,	Pamala Schwier	, hereby resign as <u>Vice Pre</u>	sident	_
			(Title)	
of_	MTP Enterprises,	Inc	······································	
		(Name of Corporation)		
	K72759 (Document Number, if known)	, a corporation organized under the laws o	of the State of	
	(200,000,000,000,000,000,000,000,000,000			
Fl	orida	and the second second second second	i to the second	
			¥ _a o	
			O3 SE	
		Ω		***
	lone	Charier	6 7	च्या चरा
		(Signature of resigning officer/director)		7
				,
			20 N	r
			5-21 7.53	

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