

N09000001014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

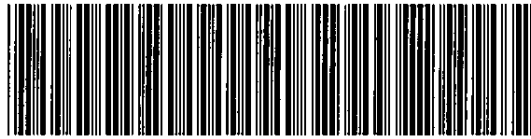
(Business Entity Name)

(Document Number)

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2009 SEP -4 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Off. Resign.

TB

SEP - 9 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mother's In Need of Loving Friends  
(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:

Kelli Ferry  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

836 Baybreeze Lane  
(Address)

Altamonte Springs, FL 32714  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelli Ferry at (407) 340-8436  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
2009 SEP -4 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Kelli J. Ferry, hereby resign as Director  
(Title)  
of mother's in need of loving friends Inc.  
(Name of Corporation)  
NO9000001014, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Kelli Ferry  
(Signature of resigning 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