N09000004978

(Re	equestor's Name)	·
(Ac	ddress)	·
(Ac	idress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
·		
:		

Office Use Only



800242903408

12/21/12-01008-022 **35.00



8 67/12 67/12

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Multi-Dimensional Services & Supports, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N09000004978

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristopher D. Robinson

(Name of Person)

Frazier & Frazier, Attys at Law

(Name of Firm/Company)

1515 Riverside Avenue, Ste. A

(Address)

Jacksonville, FL 32204-4134

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristopher D. Robinson _{st.} 904 353-5616

(Name of Person) (Area Code & Daytime Telephone Number)

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 **Street Address:**

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

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION

Martha Fornof

I, Martha Fornof

Of Multi-Dimensional Services & Supports, Inc.

(Name of Corporation)

N0900004978

(Document Number, if known)

Florida

Name of Corporation organized under the laws of the State of Florida

signing 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