

# N18000010259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

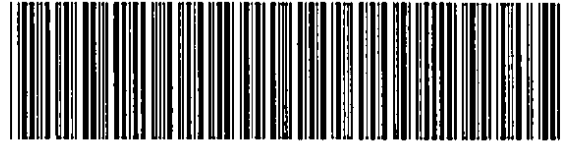
(Business Entity Name)

(Document Number)

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FILED  
JAN 15 2019  
19 JAN -7 PM 6:33  
CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA

*Old Resignation*

JAN 15 2019

D CUSHING

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M.A.D. 4 LOVE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N18000010259

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

Please return all correspondence concerning this matter to the following:

Calvetta Phair

(Name of Person)

N/A

(Name of Firm/Company)

18520 NW 67th Avenue, Ste. 186

(Address)

Miami, FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Calvetta Phair at ( 305 ) 240-8117  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

19 JAN -7 PM 6:23  
RECEIVED  
STATE  
DEPARTMENT  
OF  
CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Calvetta Phair, hereby resign as Director  
(Title)

of M.A.D. 4 LOVE INC  
(Name of Corporation)

N18000010259, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(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

FILED  
IN THE OFFICE OF THE  
CLERK OF THE STATE  
DIVISION OF CORPORATIONS  
19 JAN -7 PM 6:33