

P00000012432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600294011756

600294011756
01/11/17--01007--010 **105.00

RECEIVED
DEPARTMENT OF STATE
17 JAN 11 AM 9:12
TALLAHASSEE, FLORIDA

1-12-17

FILED
2017 JAN 11 AM 9:12
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

M-Brain Inc.

Signature _____

Requested by: SETH

01/11/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M-Brain Inc.

(Name of Corporation)

DOCUMENT NUMBER: P00000012432

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

Please return all correspondence concerning this matter to the following:

Nadia Amlaz

(Name of Person)

Baur & Klein, P.A.

(Name of Firm/Company)

100 N Biscayne Boulevard Ste 2100

(Address)

Miami, Florida 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Baur, Esq.

(Name of Person)

at

305 377 3561

(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

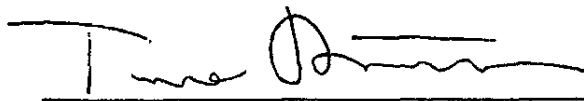
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tuomo Rasanen, hereby resign as Director
(Title)

of M-Brain Inc.
(Name of Corporation)

P00000012432, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
2011 JAN 11 AM 9:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

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