| Work Meyers   | 00930  | 579                                    |                                 |
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| Requester's Name  2131 N-Oco Blood  Address  1 33   | 2) [ 2)  | B 2-                                   |                                 |
| City/State/Zip Phone  |  | 00004132<br>-05/03/01-50<br>*****35.00 | 921—9<br>1031—005<br>*****35.00 |
|   | 0  | ffice Use Only                         | <del>-</del> ,                  |
| CORPORATION NAME(S) & DOC   |  | iown):                                 |                                 |
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| 3(Corporation Name)   | (Document #)   |  | <del>-</del> . <del>h</del> yh, |
| 4(Corporation Name)   | (Document #)   |  |                                 |
| ☐ Walk in ☐ Pick up time  |  | Certified Copy                         |                                 |
| ☐ Mail out ☐ Will wait  | Photocopy  | Certificate of Sta                     | tus                             |
| <u>NEW FILINGS</u>  | AMENDMENTS   |  |                                 |
| <ul> <li>□ Profit</li> <li>□ Not for Profit</li> <li>□ Limited Liability</li> <li>□ Domestication</li> <li>□ Other</li> </ul> | Amendment Resignation of R.A. Change of Registers Dissolution/Withdra Merger | ed Agent                               | SECRETAL DIVISION OF            |
| OTHER FILINGS   | REGISTRATION/QU  | <u>ALIFICATION</u>                     |                                 |
| Annual Report Fictitious Name   | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark                  |  | STATE<br>ORATIONS               |
| CR2E031(7/97)   | Other  | Examiner's Initial                     | esegnation is AT                |

5-11-2001

SECRETARY OF STATE DIVISION OF COMPORATIONS

OI MAY -2 AM 8: 18

## OFFICER / DIRECTOR RESIGNATION

| I, Mark Meyers, hereby resign as Plvp 15   |  |  |  |
|--|--|--|--|
| of Mark Meyers Holdings, Inc.  |  |  |  |
| a corporation organized under the laws of the State of Florida                   |  |  |  |
| and affirm that the corporation has been notified in writing of the resignation. |  |  |  |
| (Signature of resigning officer/director)  |  |  |  |

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314