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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PAM TONO CON (Name of Corporation)
DOCUMENT NUMBER: NA
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Brigw Confley (Name of Person)
PMM MADING COLP (Name of Firm/Company)
1/454 NW 74 NE (Address)
MiMi Ft. 33166 (City/State and Zip Code)
For further information concerning this matter, please call:
Brith Court (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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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of	PMM	TMAPM6-	e of Corporation)					_ •
	(Document Nu	A umber, if known)		ion organized und	er the laws of	the State of	f	
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			(Signature of resi	igning officer/directo	ir)	ALLAHA	05 OCT 10	<u>n</u>
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						STATE	=	

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