

PODDDDDD73049

(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



500017997465

05/09/03--01024--002 **35.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

03 MAY -9 AM 4:00

FILED

OD/RWS
100 5/15/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CMG Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000073049

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

Please return all correspondence concerning this matter to the following:

Catherine M. Chambers
(Name of Person)

CMG Solutions, Inc.
(Name of Firm/Company)

605 Limerick Drive
(Address)

Merritt Island, Florida 32953
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Chambers at (321) 455-9358
(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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

03 MAY -9 AM 4:00

FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Catherine M. Chambers, hereby resign as Director
(Title)

of CMG Solutions, Inc.
(Name of Corporation)

P00000073049, 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
03 MAY -9 AM 14:00
TALLAHASSEE, FLORIDA