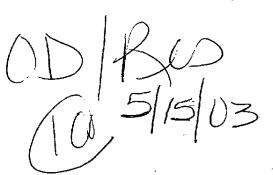
## P0000013049

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				







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ALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: CMG Soluti	ons, Inc.				· -·
	(Name of Corporat	ion)		₹.	-
DOCUMENT NUMBER: POO	0000073049				
The enclosed Officer/Director Res	ignation for a Corporation	and fee are submitted	for filing		
Please return all correspondence co			voi maig.		
Catherine M. Chambe (Name of Per		•	·. · '	* •	 
CMG Solutions, Inc. (Name of Firm/C	ompany)			·	
605 Limerick Drive (Address)					e en
Merritt Island, Flo (City/State and Z				٠.	
For further information concerning	this matter, please call:				
Catherine Chambers (Name of Person)	at (_321_) (Area Code o	455–9358 & Daytime Telephone N	lumber)	-	
Enclosed is a check for \$35.00 mag	de payable to the Florida Do	epartment 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		AL	03	***

AM 4: 00

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Catherine M. Chambers</u>	, hereby resign as(Title)	₩·
of CMG Solutions, Inc. (Name of Corpo	oration)	
P0000073049 ,a cor (Document Number, if known)	rporation organized under the laws of the State of	
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

