

P00000073215

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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MAIL

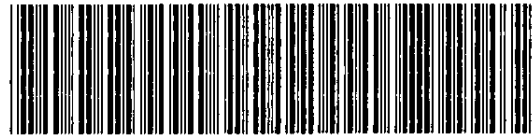
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(Business Entity Name)

\_\_\_\_\_  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MASTERS REAL ESTATE GROUP INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P000000073215

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

Please return all correspondence concerning this matter to the following:

FRANCIE CHIACCHIERO

(Name of Person)

MASTERS REAL ESTATE GROUP, INC

(Name of Firm/Company)

C/O 5122 NO RIDGE RD # 308

(Address)

SARASOTA FL 34238

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCIE CHIACCHIERO

(Name of Person)

at ( )

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FRANCIE CHIACCHIERO, hereby resign as President ~~OFFICER/DIRECTOR~~  
(Title)

of MASTERS REAL ESTATE GROUP INC.  
(Name of Corporation)

P000000073215, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Francie Chiacchiero ✓  
(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

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