P01000038592

(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:						
·						
L						

Office Use Only



200185476692

09/24/10--01017--019 **35.00



oper alator

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MONTEWNAS 41601 CAL INC (Name of Corporation) DOCUMENT NUMBER: POLOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DOCUMENT NUMBER: POLODO 38592
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
-
Please return all correspondence concerning this matter to the following:
KEUIN ELEASON
(Name of Person)
(Name of Firm/Company)
4121 1=31 ST Avenue
(Address)
HOLLY WOOD FL 33021
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 893 7670 (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, JEAN EMILE E	BERJOT	, hereby resign as	PRESI	ออกเ
				(Title)
of MONTELIN	(Name of Corpora	EDICAL Stion)	INC.	
(Document Number, if known	, a corp	oration organized und	er the laws o	f the State of
FLORIDA	 -			*1,-4
				10 SEP SECRET
		18 Jul		TILED 24 AMIO: 53 ARY &F STATE SSEE, FLORIDA
	(Signature o	resigning officer/director	er)	i 53

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