## P02000008894

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
ertified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/17/03--01001--013 \*\*35.00



Off Resign 1/14/03

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Myer String Tro. (Name of Gorpotration)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jeff Muse (Name of Firm/Company) 5589 Hansel Ave Address)
(City/State and Zip Code)
For further information concerning this matter, please call:  (Name of Person)  at (407) 448-1880  (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