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(Re	equestor's Name)	
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(Ac	ldress)	· ·
(Address)		
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(City/State/Zip/Phone #)		
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(Custiness Falls News)		
(Business Entity Name)		
(Document Number)		
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Certified Copies	_ Certificates	of Status
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Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	TECT: Mermaid Spice Company, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P02000072391
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Bill i	McFarland
	(Name of Person)
₿ill l	McFarland P.A.
	(Name of Firm/Company)
293	0 Del Prado Boulevard, Suite A
	(Address)
Cap	e Coral, Florida 33904
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Bill N	McFarland P.A. at (239) 549-5680 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



hereby resign as Director
(Title)
rporation)
corporation organized under the laws of the State of
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be Alado

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