## P02000095947

•
(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:

Office Use Only



600031263846

03/29/04-01072--001 \*\*70.00

FILED

04 MAR 29 PH 1: 56

15 SHETARY OF STATE

position of production of the position of the

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MASSEY & M, I JC. (Name of Corporation)
DOCUMENT NUMBER: P02000095942
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MATHARU, PARVINGER 5
Massey & M. Zwc.
12077 South Orange Blosson trail
Orlando FL 32837 (City/State and Zip Code)
For further information concerning this matter, please call:
MATHARU, Parvinder 5. at (407) 854-5048 (Name of Person) (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MATHARU PARC	finder 5.	increby resign as	VICE PI	res(dent	
		= <u>-</u>		(Title)	
of HASSEY & H	Name of Corporat	ion	<del></del>	<del> </del>	,
DO2000 9594 (Document Number, if know	2 a corpo	ration organized und	ler the laws of	the State of	
		•			
		# 1			
	(	7 ÷			
	(Signature of	resigning officer/director	or)	- ALLA Marie Ma Marie Ma Marie Marie Marie Marie Marie Marie Marie Ma Marie Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	<b>2</b>
	(-)	7	7	O4 MAR 29 PH (:) SECRETARY OF STA ALLAHASSEE, FLOR	
		\$ \$ 2			
	FILING F	EE IS \$35.00		I:57 STATE LORID	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314