## P02000108610

| (Red                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | iress)            | <del></del> |
| (Add                      | dress)            |             |
| (City                     | //State/Zip/Phon  | e#)         |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | ne)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | of Status   |
| Special Instructions to F | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |



500052271575

04/29/05--01006--013 \*\*35.00

SUPPLIARY OF STATE

officer Resignation

Office Use Only

T BROWN MAY - 6 2005

## TRANSMITTAL LETTER

| TO:                         | Amendment Section Division of Corporations  |
|-----------------------------|---|
| SUBJ                        | TECT: M & M Service Associates ,Inc   |
| ~                           | (Name of Corporation)   |
| DOC                         | ument number: Pozooo108610  |
| The en                      | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  |
| Please                      | e return all correspondence concerning this matter to the following:  |
| Mari                        | a Corona  |
|                             | (Name of Person)  |
| м &                         | M Service Associates, Inc   |
|                             | (Name of Firm/Company)  |
| 165                         | NW 96 Terrace, Apt # 201  |
|                             | (Address)   |
| Pem                         | broke Pines, FL 33024   |
|                             | (City/State and Zip Code)   |
| For fu                      | orther information concerning this matter, please call:   |
| Maria                       | (Name of Person) at ( 954 ) 394-1822 (Area Code & Daytime Telephone Number)   |
|                             | (Name of Person) (Area Code & Daytime Telephone Number)   |
| Enclos                      | sed is a check for \$35.00 made payable to the Florida Department of State.   |
| Amend<br>Division<br>P.O. B | ng Address: dment Section on of Corporations Box 6327 asssee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Miguel Navas hereby resign as Director

(Title)

M & M Service Associates Inc.

(Name of Corporation)

POZOXO | ORGIO (Document Number, if known)

Florida

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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